

STANDARD FORM 64  
October 1960  
PREPARED BY U. S. CIVIL SERVICE COM.  
Federal Personnel Manual  
66-102

**SECRET**

# Official Personnel Folder

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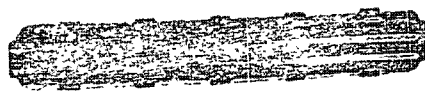
(N)

69 Fil cuts

29 SEP 1969

ACDS JAMES S  
502-16-0500

02/20/78



SECRET

(When Filled In)

09 AUG 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER				2. NAME (Last-First-Middle)	
RETIREMENT - (VOLUNTARY) CIARDS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 04 78	
6. FUNDS V TO V O TO V O TO O				3. CATEGORY OF EMPLOYMENT REGULAR	
9. ORGANIZATIONAL DESIGNATIONS DBO/IMS AND INFORMATION MGMT & PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT				8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-613 Section 33	
10. LOCATION OF OFFICIAL STATION WASH., D.C.				7. FAR AND NSCA 8026-3430/0000	
11. POSITION TITLE RECORDS ADMIN OFF NE (13)		12. POSITION NUMBER CG45		13. CAREER SERVICE DESIGNATION DCC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 13 2	
17. SALARY OR RATE \$26,889		18. REMARKS Last Working Day: 4 August 1978 CONCUR: [Signature] Date 7/26/78 co-ordinated with: [Signature] 7/13/78			
18A. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 7/26/78		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 7/26/78		DATE SIGNED 7/26/78			
HOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (CNS)					
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTELLIGENCE CODE	24. IDOTIS CODE
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. SECURITY REQ. NO.		
29. RETIREMENT DATA 1-ESC 2-OPGM 3-ICA 4-HOHA	30. SPECIAL REFERENCE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SOCIAL SECURITY NO.	
34. VET PREFERENCE CODE 0-NO 1-5 PT 2-10 PT	35. SERV COMP DATE MO. DA. YR.	36. LONG COMP DATE MO. DA. YR.	37. CAREER CATEGORY CODE CAB/RES PROV/TEMP	38. FEDERAL HEALTH INSURANCE CODE 0-WAIVER 1-REG 2-REG/OPT 3-UNELIGIBLE	39. STATE TAX DATA CODE 1-TS 2-NO
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE 1-TS 2-NO	43. STATE TAX DATA FORM EXECUTED CODE 1-TS 2-NO	44. SOCIAL SECURITY NO.	
45. POSITION CONTROL CERTIFICATION [Signature] 7/26 03 AUG 1978			46. OFF. APPROVAL [Signature] DATE APPROVED 8/1/78		

FORM 1152 USE PREVIOUS EDITION

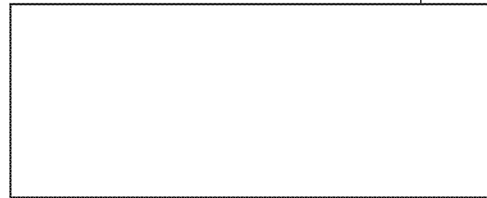
SECRET

E-2, IMPDET CL. BY. [Signature]

25 July 1978

**SUMMARY OF AGENCY EMPLOYMENT**

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.



NO SECURITY CONCERNS  
*[Signature]*

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(When Filled In)

16 MAY 1978

10-21-25 7/10/78

OCF REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
9 May 1978

1. SERIAL NUMBER 2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION  
REASSIGNMENT ~~REASSIGNMENT~~

4. EFFECTIVE DATE REQUESTED  
MONTH DAY YEAR  
04 09 78

5. CATEGORY OF EMPLOYMENT  
REGULAR

6. FUNDS  
V TO V V TO O  
O TO V O TO O

7. FAN AND NSCA  
8026-3430-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION  
DDO/IMS  
INFORMATION, MGMT AND PLANNING GROUP  
RECORDS MANAGEMENT BRANCH  
AREAS UNIT

10. LOCATION OF OFFICIAL STATION  
NASH., D.C.

11. POSITION TITLE  
RECORDS ADMIN OFF (13)

12. POSITION NUMBER  
CG45

13. CAREER SERVICE DESIGNATION  
DCC

14. CLASSIFICATION SYMBOL (A.S. 400-100)

15. OCCUPATIONAL SERIES  
GS 0344.01

16. GRADE AND STEP  
13 2

17. SALARY OR RATE  
\$26,889

18. REMARKS  
FROM: DDO/NE  
CONCUR: (telecord)  
C/NE/Pers  
DATE  
5/10/78

19A. SIGNATURE OF REQUESTING OFFICIAL  
DATE SIGNED  
5/10/78

19B. SIGNATURE OF APPROVING OFFICIAL  
DATE SIGNED  
5/10/78

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CMS/07-12

19. ACTION CODE  
37

20. EMPLOY CODE  
10

21. OFFICE CODING  
NUMERIC ALPHABETIC  
53746 IMS 75013

22. STATION CODE  
75013

23. INTEGREE CODE

24. MONTHS CODE

25. DATE OF BIRTH  
MO. DA. YR.

26. DATE OF GRADE  
MO. DA. YR.

27. DATE OF LEI  
MO. DA. YR.

28. SITE EXP. CODE  
MO. DA. YR.

29. SOCIAL REFERENCE

30. RETIREMENT DATA  
CODE  
1-DC  
2-DCB  
3-ELC  
4-NONE

31. SEPARATION DATA CODE

32. CORRECTION CANCELLATION DATA  
TYPE MO. DA. YR.

33. SECURITY REQ. NO

34. SEX

35. VET PREFERENCE  
CODE 0-NONE  
1-5 PT  
2-10 PT

36. SERV COMP DATE  
MO. DA. YR.

37. LONG. COMP DATE  
MO. DA. YR.

38. CAREER CATEGORY  
CODE  
1-YES  
2-NO

39. FEGLI/HEALTH INSURANCE  
CODE  
1-WAIVER  
2-REQ/PT  
3-UNELIGIBLE

40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  
CODE  
0-NO PREVIOUS SERVICE  
1-NO AWARD IN SERVICE  
2-BEARS IN SERVICE (LESS THAN 3 YEARS)  
3-22+YEARS IN SERVICE (MORE THAN 3 YEARS)

42. LEAVE CAT. CODE

43. FEDERAL TAX DATA  
FORM EXECUTED CODE NO. TAX EXEMPTIONS

44. STATE TAX DATA  
FORM EXECUTED CODE NO. TAX EXEMPTIONS

45. POSITION CONTROL CERTIFICATION  
30 11/11 1975-12-78  
From: we

46. DATE APPROVED  
5/26/78

FORM 1152 USE PREVIOUS EDITION

SECRET

E2, IMPDET CL BY: \*



**SECRET**  
(When Filled In)

<b>C REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 6 Feb 78	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>					
4. FUNDS		5. EFFECTIVE DATE REQUESTED MONTH <u>02</u> DAY <u>12</u> YEAR <u>78</u>		6. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
7. FAR AND NSCA		8. LEGAL AUTHORITY (Complied by Office of Personnel)		9. ORGANIZATIONAL DESIGNATION	
3033 4800 0000				DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE			
WASH, D.C.		<b>RECORDS ADMIN OFF</b>			
12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	
CG45		DCC		GS	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
0344.01		13 # 2		26889	
18. REMARKS					
<p>CONCUR:</p> <p>ISS (telecoord) 6 Feb 78</p> <p>Date</p> <p>From 125</p>					
DATE SIGNED		19. SIGNED		20. SIGNED	
6 Feb 78				21/8/78	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE	22. FUND CODE	23. OFFICE CODE	24. STATION CODE	25. INTEGRAL CODE	26. MONTH CODE
22	10	46015	NE	75013	1
27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LEI	30. DATE OF REFERENCE	31. RETIREMENT DATA	32. SEPARATION DATA
03/12/78	03/12/78				
33. DATE OF REFERENCE	34. SPECIAL REFERENCE	35. RET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION	46. DATE APPROVED				
3-6-78 A20	6 MAR 1978				

FORM 1152 USE PREVIOUS EDITION

**SECRET**

E-2, IMPDET CL BY.

18 August 1978



We are enclosing the employee copy of your retirement action (Form 1150) that you requested 04 August 1978.

Sincerely,

151

  
Chief, Control Division

Enclosure: 1 Form

Dist.

Orig. - Adse.

1 - TRB

1 - OP

OP/TRB

UG78)

ADMINISTRATIVE-INTERNAL USE ONLY

18 APR 1978

MEMORANDUM FOR: [REDACTED]

FROM: John N. McMahon  
Deputy Director for Operations

SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work [REDACTED]. I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.

*Thank you* [REDACTED]

John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

CONFIDENTIAL

1 AUG 1978

MEMORANDUM FOR: Director of Personnel  
FROM: [REDACTED]  
Chief, Retirement Affairs Division  
SUBJECT: Request for Voluntary Retirement -  
[REDACTED]

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

Grade: GS-13	Position: Records Management Officer
Career Service	Operations
Office/Division	Information Management Staff
Date Requested for Retirement:	4 August 1978
Age at that Date	50
Years of Creditable Service	29
Years of Agency Service	26
Years of Qualifying Service	9

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/s/ [REDACTED]

The recommendation contained in paragraph 3 is approved.

(SIGNED) F. W. H. [REDACTED]

Director of Personnel

2 AUG 1978

Date

Distribution:  
0 - Return to ROB  
1 - Applicant  
1 - OPF  
1 - ROB Soft File  
1 - ROB Reader

2 AUG 1978 [REDACTED]

CONFIDENTIAL

SECRET

(If Not Filled In)

*011/11*

**REQUEST FOR PERSONNEL ACTION**

DATE PREPARED: 5 Oct 1977

1. SERIAL NUMBER: [ ] 2. NAME (Last-First-Middle): [ ]

3. NATURE OF PERSONNEL ACTION: Reassignment AND CANCELLATION OF *NSCA*

4. EFFECTIVE DATE REQUESTED: 07 | 11 | 77

5. CATEGORY OF EMPLOYMENT: Regular ✓

6. GRADE: [ ] 7. PAY AND NSCA: 3033 4801 0000

8. LEGAL AUTHORITY (Completed by Office of Personnel): [ ]

9. ORGANIZATIONAL DESIGNATION: DDO/NE Division  
Office of the Chief, NE Division  
Plans Staff

10. LOCATION OF OFFICE & STATION: Wash., D. C. ✓

11. POSITION NAME: Records Admin Off- [ ]

12. POSITION NUMBER: 6645 ✓

13. CAREER SERVICE DESIGNATION: NCC ✓

14. CLASSIFICATION/GRADUATE (GS, LS, etc.): GS ✓

15. OCCUPATIONAL SERIES: 0344.01 ✓

16. GRADE AND STEP: 12 A ✓

17. SALARY OR RATE: 34070 ✓  
1-22-103

18. REMARKS: replacing [ ]

Concur: [ ]

*#11 PER Sue 10.17.77*

*#3 PER NANCY 10.17.77*

*10/18/77*  
Date

*AC/PCS/CSS/Personnel*

DATE SIGNED: 10-05-77

SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [ ]

DATE SIGNED: 10/15/77

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37

20. LATENCY CODE: 10

21. POLICE CODES: 4605

22. STATION CODE: NE

23. INTEGRITY CODE: 7504

24. ROUTES: [ ]

25. DATE OF BIRTH: [ ]

26. DATE OF GRADE: [ ]

27. DATE OF LR: [ ]

28. RET EXPIRES: [ ]

29. SPECIAL REFERENCE: [ ]

30. RETIREMENT DATA: [ ]

31. SEPARATION DATA CODE: [ ]

32. CORRECTION CANCELLATION DATA: [ ]

33. SECURITY: [ ]

34. SEX: [ ]

35. SET PREFERENCE: [ ]

36. SERV COMP. DATE: [ ]

37. LONG COMP. DATE: [ ]

38. CAREER CATEGORY: [ ]

39. FICIL HEALTH INSURANCE: [ ]

40. SOCIAL SECURITY NO: [ ]

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE: [ ]

42. LEAVE CAT. CODE: [ ]

43. FEDERAL TAX DATA: [ ]

44. STATE TAX DATA: [ ]

45. POSITION CONTROL CERTIFICATION: 01 NOV 1977

46. O.P. APPROVAL: [ ]

DATE APPROVED: 17 Nov 77

*FROM: CCS 10.14.77 RSP*

1152-100-1000 EDITION

SECRET

E-2, IMPDET CL BY: [ ]

SECRET

(When Filled In)

C-20

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				9 August 1976	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. REASON FOR PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CAREER/IN OF EMPLOYMENT
CHANGE OF PAN NUMBER			MONTH DAY YEAR 08 09 76		22771AR
6. PAGES		7. PAN AND NSCA		8. OFFICE AUTHORITY (Completed by Office of Personnel)	
XX V TO V		T230 0130 0002			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDC/CCS REGISTRY			WASH., D. C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
REGISTRY ADMIN OFF CH			BL 14		fcc
14. CLASSIFICATION SCHEDULE (G, E, P, W, Y)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
E		0344.01		12 4	
17. REMARKS					
18. DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
Off 9 Aug 76					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEGRITY CODE	24. MOTIVATION CODE
37	10	39115 CCS	75013		
25. DATE OF BIRTH	26. DATE OF GROSS	27. DATE OF LSI	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE
31. OFF. PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY	35. FIC/1/HEALTH INSURANCE	36. SOCIAL SECURITY NO
37. PERMITS (CIVILIAN GOVERNMENT SERVICE)	38. LEAVE CAT	39. FEDERAL TAX DATA	40. STATE TAX DATA		
41. POSITION CONTROL CERTIFICATION			42. O.P. APPROVAL		
10 AUG 1976			DATE APPROVED		

FORM 1152 USE PREVIOUS EDITION

SECRET

E-2, COMDET CL BY:

(4)

C-NO MEM  
ABS 7/10

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
										13 July 1976	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION Reassignment - Change of Home Base CHANGE OF SERVICE DESIGNATION										4. EFFECTIVE DATE REQUESTED 07 13 76	
5. PAGES XX										6. CATEGORY OF EMPLOYMENT REGULAR	
7. FPM AND NSCA 0000 0118 0000										8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY										10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE RECORDS ADMIN OF CH (12)										12. POSITION NUMBER HL 1A	
13. CAREER SERVICE DESIGNATION DCC											
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS				15. OCCUPATIONAL SERIES 0314.01		16. GRADE AND STEP 12 4		17. SALARY OR RATE 21,324			
18. REMARKS DESIGNATION CHANGED FROM DAC TO DCC. DAC to DCC											
19. DATE SIGNED 13 Jul 76				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				21. DATE SIGNED			
22. SPACE BELOW FOR EXCLUSIVE USE OF THIS OFFICE OF PERSONNEL											
23. ACTION CODE 37 10		24. EMPLOY CODE 37 10		25. OFFICE CODING CCS		26. STATION CODE 75013		27. INTEREST CODE		28. ADAPT CODE	
29. DATE OF BIRTH		30. DATE OF GRADE		31. DATE OF LEI		32. DATE OF BIRTH		33. DATE OF GRADE		34. DATE OF LEI	
35. SECURITY REG-BO		36. SECURITY REG-BO		37. SECURITY REG-BO		38. SECURITY REG-BO		39. SECURITY REG-BO		40. SECURITY REG-BO	
41. SECURITY REG-BO		42. SECURITY REG-BO		43. SECURITY REG-BO		44. SECURITY REG-BO		45. SECURITY REG-BO		46. SECURITY REG-BO	
47. SECURITY REG-BO		48. SECURITY REG-BO		49. SECURITY REG-BO		50. SECURITY REG-BO		51. SECURITY REG-BO		52. SECURITY REG-BO	
53. SECURITY REG-BO		54. SECURITY REG-BO		55. SECURITY REG-BO		56. SECURITY REG-BO		57. SECURITY REG-BO		58. SECURITY REG-BO	
59. SECURITY REG-BO		60. SECURITY REG-BO		61. SECURITY REG-BO		62. SECURITY REG-BO		63. SECURITY REG-BO		64. SECURITY REG-BO	
65. SECURITY REG-BO		66. SECURITY REG-BO		67. SECURITY REG-BO		68. SECURITY REG-BO		69. SECURITY REG-BO		70. SECURITY REG-BO	
71. SECURITY REG-BO		72. SECURITY REG-BO		73. SECURITY REG-BO		74. SECURITY REG-BO		75. SECURITY REG-BO		76. SECURITY REG-BO	
77. SECURITY REG-BO		78. SECURITY REG-BO		79. SECURITY REG-BO		80. SECURITY REG-BO		81. SECURITY REG-BO		82. SECURITY REG-BO	
83. SECURITY REG-BO		84. SECURITY REG-BO		85. SECURITY REG-BO		86. SECURITY REG-BO		87. SECURITY REG-BO		88. SECURITY REG-BO	
89. SECURITY REG-BO		90. SECURITY REG-BO		91. SECURITY REG-BO		92. SECURITY REG-BO		93. SECURITY REG-BO		94. SECURITY REG-BO	
95. SECURITY REG-BO		96. SECURITY REG-BO		97. SECURITY REG-BO		98. SECURITY REG-BO		99. SECURITY REG-BO		100. SECURITY REG-BO	
43. POSITION CONTROL CERTIFICATION 20 JUL 1976											
DATE APPROVED 07/19/76											

CR

11-22-74

C. M. May

SECRET

(If App. Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 13 November 1974	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
PROMOTION				MONTH DAY YEAR 11 24 74		REGULAR	
6. FUND		7. PAY AND NSCA		8. ISOM AUTHORITY (Completed by Office of Personnel)			
XX <input checked="" type="checkbox"/> V TO V <input checked="" type="checkbox"/> C TO V		V TO C C TO C		5230 0121 0002		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICE/STATION			
DDO/CCS GENERAL INVESTIGATIVE DIVISION REGISTRY				WASH., D. C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADMIN OF CH (12)				0061		DAC	
14. CLASSIFICATION SCHEME (GS, EA, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF RATE	
CS		0344.01		12 3		\$ 19,693	
18. REMARKS							
CONCURRE: _____ (TELECORD) SS/SE/PEZS							
DATE SIGNED				DATE SIGNED		DATE SIGNED	
13 Nov 74				15 Nov 74			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OTHER CODING	22. STATION CODE	23. INTEREST CODE	24. MOTIV CODE	25. DATE OF BIRTH	26. DATE OF GRADE
2.2	10.	391157	CCS	75613		11/24/74	11/24/74
27. DATE EXPIRY	28. SPECIAL REFERENCE	29. REFERENCE DATA	30. SEPARATION DATA CODE	31. COMPETITION (AMERICAN ONLY)	32. SECURITY REG CS	33. SECURITY REG CS	
						EOD DATA	
34. VET REFERENCE	35. SERV COMP DATE	36. LEAVE COMP DATE	37. CAREER CATEGORY	38. FEDERAL TAX DATA	39. HEALTH INSURANCE	40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT CODE	43. FORM EXECUTED CODE	44. STATE TAX DATA	45. FORM EXECUTED CODE	
0-NO SERVICE SERVICE 1-NO SERVICE IN SERVICE 2-LEAVE IN SERVICE (LESS THAN 3 YEARS) 3-LEAVE IN SERVICE (MORE THAN 3 YEARS)							
46. POSITION CONTROL CERTIFICATION				47. O P APPROVAL		DATE APPROVED	
11-15-74				25 NOV 1974			



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 21 August 1973	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOLUNTARY FUNDS. REASSIGNMENT AND DELEGATION OF N.S.C.A.						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 73		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS XX		V TO V O TO V		V TO O O TO O		7. PAN AND MSCA 4230 0121 0002		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC						10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE RECORDS ADMIN OF CH						12. POSITION NUMBER 0061		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 11 6		17. SALARY OR RATE 16,326			
18. REMARKS HOME BASE: <del>SS</del> <del>SS</del> CONCUR: (TELECOORD) C/EUR/PERS CONCUR: (TELECOORD) DDF/RECORDS MGMT OFFICER * CONCUR FOR CIA W-2: CCS/OCB/S											
DATE SIGNED 9/24/73						108. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 16		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 391001CCS		22. STATION CODE 15013		23. INTEGRAL CODE 1		24. RIGHTS CODE	
25. DATE OF BIRTH		26. DATE OF GRACE		27. DATE OF LEI		28. RETIREMENT DATA		29. SPECIAL REFERENCE		30. SEPARATION DATA CODE	
31. NET EXPIRES MO DA YR XX XX XX		32. DATE OF BIRTH		33. DATE OF GRACE		34. DATE OF LEI		35. RETIREMENT DATA		36. SPECIAL REFERENCE	
37. VET. PREFERENCE		38. SERV. COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEGLI/HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE		44. LEAVE CAT. CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. FORM EXECUTED		48. NO. TAX STATE	
49. POSITION CONTROL CERTIFICATION 8-23-B		50. O.P. APPROVAL		51. DATE APPROVED 5 Aug 73		52. FORM EXECUTED		53. NO. TAX STATE		54. DATE APPROVED	

OEM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 017-0539

EX-72

(4)

CONFIDENTIAL  
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

NAME

(Please Print)

Signature

Date

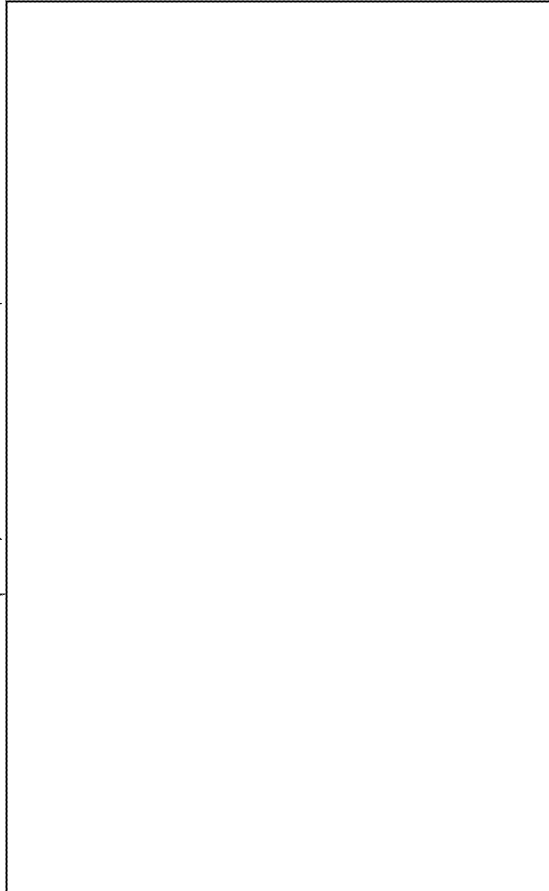
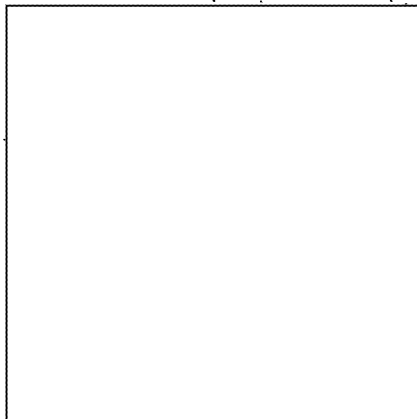
11 Sept 73

CONFIDENTIAL  
(When filled in)

Group 1 - Excluded from  
automatic downgrading  
and declassification.

**SECRET**

17 APR 1973

**Certificate of Exceptional  
Service (for Vietnam)****VIETNAM (Contract Employees)**

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>24 January 1973</b>	
1. SERIAL NUMBER		2. NAME (Last-First-Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>02 04 73</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS		7. PAY AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<div style="display: flex; justify-content: space-between;"> <div>V TO Y</div> <div>Y TO V</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Y TO Y</div> <div>Y TO V</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>3136 1267 0000</div> <div></div> </div>			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUROPEAN DIVISION FOREIGN FIELD</b>				10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
11. POSITION TITLE <b>ADJ RECORDS ADMIN OFFICER (09)</b>				12. POSITION NUMBER <b>0699</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344 01</b>		16. GRADE AND STEP <b>11.6</b>		17. SALARY OR RATE <b>\$16326</b>	
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div>HOME BASE: IS CONCUR</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>PRA HR 20-17e (1) (a) PROMOTION</div> <div>NOTE: 1/20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CONCUR: C/E/EE</div> <div></div> </div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div> <p style="margin-top: 10px;"><i>be assigned to DDP/EOA/PMU position 0061.mic</i></p>							
DATE SIGNED <div style="border: 1px solid black; height: 20px; width: 100%;"></div> E/PEPS 1/24/73				DATE SIGNED <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 2/2/73			
SPACE BELOW FOR EXCLUSIVE USE							
19. ACTION CODE <b>33</b>		20. EMPLOY CODE <b>10</b>		21. OFFICE CODING NUMERIC ALPHABETIC <b>44750 EUR</b>		22. STATION CODE <b>36533</b>	
23. INTEGREE CODE		24. RETIRE CODE <b>3</b>		25. DATE OF BIRTH MO. DA. YR. <b>02 04 73</b>		26. DATE OF GRADE MO. DA. YR. <b>02 04 73</b>	
27. DATE OF LEI MO. DA. YR. <b>02 04 73</b>		28. SPECIAL REFERENCE <b>81</b>		29. RETIREMENT DATA CODE <b>81</b>		30. SEPARATION DATA CODE TYPE <b>EOD DATA</b>	
31. VET PREFERENCE CODE <b>1-5 PR</b>		32. SERV COMP DATE MO. DA. YR. <b>02 03 74</b>		33. LONG COMP DATE MO. DA. YR.		34. CAREER CATEGORY LBR/RESP PROV/TEMP CODE <b>1-YES</b>	
35. FEDERAL TAX DATA CODE <b>1-YES</b>		36. STATE TAX DATA CODE <b>1-YES</b>		37. SOCIAL SECURITY NO.		38. HEALTH INS. CODE CODE <b>1-YES</b>	
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE <b>1-YES</b>		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA CODE <b>1-YES</b>		42. STATE TAX DATA CODE <b>1-YES</b>	
43. POSITION CONTROL CERTIFICATION <b>2-2-73</b>		44. OP APPROVAL <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		45. DATE APPROVED <b>2/2/73</b>			

☐ UNCLASSIFIED

☐ INTERNAL  
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

EUR/PERS  
4B0002 Hqs

EXTENSION

NO.

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

E/PERS/TEDDY

2.

C/E/PERS

3.

C/E/PERS I

4.

E/PERS/JON

5.

C/IS/PERS

6.

7.

CSPS/SOB GG10

8.

9.

OP/PI 5E03

10.

11.

12.

13.

14.

15.

for concurrence

for concurrence

7. Subject will be assigned as  
Ch. Reg. + RMO DDP/CCS upon  
his return to the (Ch. +  
Aug 73), vice [redacted]

[redacted] will be assigned  
to CCS/RMO position  
0061 vice [redacted]

FORM  
3-62

610

USE PREVIOUS  
EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL  
USE ONLY

☐ UNCLASSIFIED

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				15 MARCH 1971	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 30 71		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	X	V TO CF	7. FINANCIAL ANALYSIS NO CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	CF TO V		CF TO CF	1136-1267	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD SUPPORT BRANCH			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE RECORDS ADM OF (09)			12. POSITION NUMBER 0699		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 10 7	17. SALARY OR RATE 13,821 ✓
18. REMARKS 1 cc: Payroll From: DDP/EUR DEVELOPMENT COMPLEMENT No Language Required PRA HR 20-17E(1) (B) NTE Two Yrs X HB: EUR					
DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
1/1/71				3/1/71	
PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGRITY CODE
20	10	44625 51P		36533	3
24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LIT		
3					
28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA	33. SECURITY RES. NO.
05/29/73	82				
34. VET PREFERENCE	35. SERV COMP DATE	36. LONG COMP. DATE	37. CAREER CATEGORY	38. FEDERAL/HEALTH INSURANCE	39. SOCIAL SECURITY NO
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE	41. LEAVE CAT. CODE	42. FEDERAL TAX DATA	43. STATE TAX DATA		
44. POSITION CONTROL CERTIFICATION			45. APPROVAL		
5-7-71			5-10-71		

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If New Entry Use)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

02 DECEMBER 1970

1. SERIAL NUMBER		2. NAME (Last-First-Middle)	
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 13 70	
6. FUNDS XX		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1236-1186	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE RECORDS ADM OFFICER		12. POSITION NUMBER 9997	
14. CLASSIFICATION SCHEDULE (GS, L.P., etc.) GS		15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 10 7		17. SALARY OR RATE \$ 13,041	
18. REMARKS 2cc: SECURITY cc: PAYROLL FROM: DDP/EUR/FOREIGN FIELD SLOT# 0254 NTE: 30 June 1971 Pending Reassignment Security Approval Granted by Data on 12/4/70 PERS 11/10/70 HA EUR			
DATE SIGNED 12/18/70		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED 12/18/70	
SPACE BELOW FOR EXCLUSIVE USE			
19. ACTION CODE 16	20. EMPLOY CODE 18	21. OFFICE CODING NUMERIC 44947	22. STATION CODE 75313
23. INTEGRITY CODE 1	24. HOURS CODE 1	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LEP MO. DA. YR.	28. DATE OF LEP MO. DA. YR.	29. SPECIAL REFERENCE 1-ESC 2-OTSG 3-TICA 4-NONE	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE TYPE	32. CORRECTION CANCELLATION DATA MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE CAR/SILV. PROV/TEMP
39. FEGLI/HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE
43. POSITION CONTROL CERTIFICATION 12-8-70 MW	44. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	45. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	46. DATE APPROVED 12/8/70

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		20 JANUARY 1971	
3. NATURE OF PERSONNEL ACTION				5. EFFECTIVE DATE REQUESTED	
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS (CORRECTION)				MONTH DAY YEAR 1 10 71	
6. FUNDS				7. FINANCIAL ANALYSIS NO. CHARGEABLE	
XX V TO V Q TO V				1234-1186	
9. ORGANIZATIONAL DESIGNATIONS				8. LEGAL AUTHORITY (Completed by Office of Personnel)	
DDP/EUR DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE				12. POSITION NUMBER	
RECORDS ADM OFFICER				9997	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				13. CAREER SERVICE DESIGNATION	
GS				D	
15. OCCUPATIONAL SERIES				16. GRADE AND STEP	
0344.01				10.7	
17. SALARY OR RATE				18. REMARKS	
				\$ 13,821	
cc: Payroll TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70					
H.A. EUR					
DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
AC/E/Pers		1/21/71		1/21/71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. MOBILE CODE
58	18	44777	EUR	75013	1
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY RES. NO.	34. SEX	35. VET PREFERENCE	36. SERV. COMP. DATE
37. LONG COMP. DATE	38. CAREER CATEGORY	39. PEGU/HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL	DATE APPROVED	
				1/26/71	

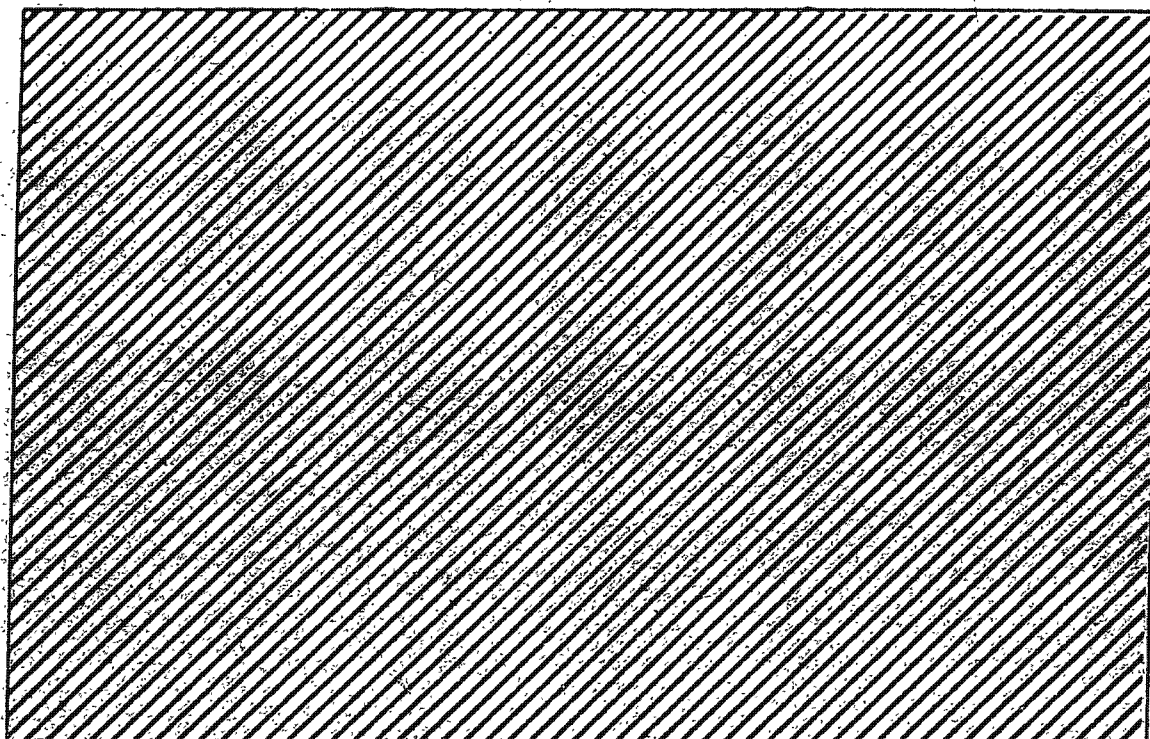


SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										12 FEBRUARY 1971	
2. NAME (Last-First-Middle)											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT		
CHANGE OF FAN						MONTH DAY YEAR 02 12 71			REGULAR		
6. FUNDS		XX V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
CF TO V		CF TO C		1236-1186							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOP/EUR DEVELOPMENT COMPLEMENT						WASHINGTON, D.C.					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
RECORDS ADM OFFICER						9997			D		
14. CLASSIFICATION SCHEDULE (GS, ES, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		10 7		\$ 13,821			
18. REMARKS											
FROM 1234-1186 cc: Payroll											
K-H-B-EUR											
DATE SIGNED				108. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED			
C/E/P/Box 12 Feb 71								17 Feb 71			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEL		
37	18	44997 26R		75013		1					
28. NTE EMPLOY		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEX	
MO. CA. YR.			1-YES 2-ORGN 3-FICA 4-NONE		CODE	TYPE MO. CA. YR.		ECO DATA			
35. VTE PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0-NONE 1-5 PR 2-10 PR		MO. CA. YR.		MO. CA. YR.		EM/PLS/PROV/TEMP CODE		CODE 0-NONE 1-YES			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 5 YEARS) 3-BREAK IN SERVICE (MORE THAN 5 YEARS)				CODE		CODE 0-NONE 1-YES 2-NO		CODE 0-NONE 1-YES 2-NO		CODE MO. CA. YR. STATE CODE	
45. POSITION CONTROL CERTIFICATION						46. DATE APPROVED					
2-12-71 km						2-12-71					

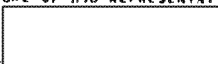
SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
	SELF	70-0961

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 6 MAY 1970.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF OSD REPRESENTATIVE
19 JUNE 1970	/B/ 

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

14 May 1968

*approved*

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for [redacted]  
from GS-09 to GS-10

1. FE Vietnam Operations concurs in the field recommendation for the promotion of [redacted] from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station.

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.


SECRET

**SECRET**

**2**

"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of 10 General, GS-11, Slot # 4984.

  
Chief, Vietnam Operations

**SECRET**

**S E C R E T**

4 March 1968

MEMORANDUM FOR: Chief of Station

**SUBJECT : Recommendation for Promotion -**

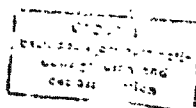
1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

**S E C R E T**



S E C R E T

- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/

Chief, OSB

CONCUR

[ ]  
Acting Deputy Chief of Station

APPROVE:

[ ]  
Chief of Station

S E C R E T

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT		11/1/68		REGULAR	
6. PURPOSE		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>V TO O</div> </div> <div style="display: flex; justify-content: space-between;"> <div>O TO V</div> <div>XX O TO O</div> </div>		9136 1214			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DIP/EUR FOREIGN FIELD					
SUPPORT BRANCH					
REGISTRY SECTION					
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS AID OF (02)		0254		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GR		0344.01		10 6	
				\$ 10,847	
17. REMARKS					
CONCURRENCE: <span style="border: 1px solid black; padding: 2px;">                    </span> FE/Pers By Phone 25% Attached <div style="text-align: right; margin-top: 10px;"> <i>PRA 20-FI-D(1/2) (B)</i>  <i>N 7-15 244</i>  <i>via</i> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></span> </div>					
18. DATE SIGNED		19. DATE SIGNED		20. DATE SIGNED	
C/E/Pers 7 Oct 68				8 Oct 1968	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. OFFICE CODING		22. STATION CODE		23. HOURS CODE	
NUMERIC ALPHABETIC 37 10 44525 EUR 21025				3	
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI	
27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE	
110370 53				EOD DATA →	
30. VET PREFERENCE		31. SERV. COMP. DATE		32. LONG COMP. DATE	
33. CAREER CATEGORY		34. FEDERAL TAX DATA		35. STATE TAX DATA	
36. PREVIOUS CIVILIAN GOVERNMENT SERVICE		37. LEAVE CAT. CODE		38. FEDERAL TAX DATA	
1-NO PREVIOUS SERVICE 2-LESS THAN 10 YEARS 3-10 TO 20 YEARS 4-MORE THAN 20 YEARS					
39. POSITION CONTROL CERTIFICATION		40. APPROVAL		41. DATE APPROVED	
10 28 68					

FORM 1152 USE PREVIOUS EDITION

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(1)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 July 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>						4. EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 28 YEAR: 68		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137 1487		8. LEGAL AUTHORITY (Completed by Officer of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DEP/FS FOREIGN FIELD FE/VSO - VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT						10. LOCATION OF OFFICIAL STATION SAIGON, South Vietnam.					
11. RECORDS ADMIN OF D 11						12. POSITION NUMBER 4984		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SYMBOL (GS, I.D., etc.) OS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10.6		17. SALARY OR RATE \$ 10847					
18. REMARKS RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION.											
19A. [Signature]				DATE SIGNED 23 July 68		19B. [Signature]				DATE SIGNED 21	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
20. ACTION CODE 22 10		21. EMPLOYMENT CODE FE		22. POSITION CODE 7705		23. HOURS CODE 3		24. DATE OF BIRTH		25. DATE OF GRADE	
26. DATE OF LEI		27. SECURITY REG NO		28. SEA		29. DATE OF BIRTH		30. DATE OF GRADE		31. DATE OF LEI	
32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION CANCELLATION DATA		36. SECURITY REG NO		37. SEA	
38. VET PREFERENCE		39. SERV COMP DATE		40. LONG COMP DATE		41. CAREER CATEGORY		42. LEGAL HEALTH INSURANCE		43. SOCIAL SECURITY NO	
44. PERIODS OVER GOVERNMENT SERVICE		45. LEAVE LAF CODE		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. SOCIAL SECURITY NO		49. SOCIAL SECURITY NO	
50. POSITION CONTROL CERTIFICATION		51. LEAVE LAF CODE		52. FEDERAL TAX DATA		53. STATE TAX DATA		54. SOCIAL SECURITY NO		55. SOCIAL SECURITY NO	
56. POSITION CONTROL CERTIFICATION		57. LEAVE LAF CODE		58. FEDERAL TAX DATA		59. STATE TAX DATA		60. SOCIAL SECURITY NO		61. SOCIAL SECURITY NO	
62. POSITION CONTROL CERTIFICATION		63. LEAVE LAF CODE		64. FEDERAL TAX DATA		65. STATE TAX DATA		66. SOCIAL SECURITY NO		67. SOCIAL SECURITY NO	
68. POSITION CONTROL CERTIFICATION		69. LEAVE LAF CODE		70. FEDERAL TAX DATA		71. STATE TAX DATA		72. SOCIAL SECURITY NO		73. SOCIAL SECURITY NO	
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80. POSITION CONTROL CERTIFICATION		81. LEAVE LAF CODE		82. FEDERAL TAX DATA		83. STATE TAX DATA		84. SOCIAL SECURITY NO		85. SOCIAL SECURITY NO	
86. POSITION CONTROL CERTIFICATION		87. LEAVE LAF CODE		88. FEDERAL TAX DATA		89. STATE TAX DATA		90. SOCIAL SECURITY NO		91. SOCIAL SECURITY NO	
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98. POSITION CONTROL CERTIFICATION		99. LEAVE LAF CODE		100. FEDERAL TAX DATA		101. STATE TAX DATA		102. SOCIAL SECURITY NO		103. SOCIAL SECURITY NO	
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674. POSITION CONTROL CERTIFICATION		675. LEAVE LAF CODE		676. FEDERAL TAX DATA							



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 17 NOVEMBER	
1. SERIAL NUMBER <u>12</u> NAME (Last-First-Middle) <u>                    </u>					
2. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <u>12</u> DAY <u>1</u> YEAR <u>66</u>		3. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V <u>          </u> V TO O <u>          </u> O TO V <u>          </u> X O TO O <u>          </u>			7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>7137-1487</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE/FOREIGN FIELD FE/VNC - VIETNAM STATION</b>			10. LOCATION OF OFFICIAL STATION <b>SAIGON, SOUTH VIETNAM</b>		
11. POSITION TITLE <b>RECORDS ADMIN OF GS-11 (11)</b>			12. POSITION NUMBER <b>4127</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (G.S. I.R. no.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344.01</b>	16. GRADE AND STEP <b>09/4 7</b>		17. SALARY OR RATE <b>9001-9262</b>
18. REMARKS FROM: <u>                    </u> / OFFICE OF THE CHIEF/ CENTRAL REGISTRY AND RECORDS SECTION					
19. <u>                    </u>		DATE SIGNED <u>22 Dec 66</u>		125. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <u>                    </u>	
19. <u>                    </u>		DATE SIGNED <u>20 Dec 66</u>		126. <u>                    </u>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE <u>3M 10</u>	20. EMPLOY CODE <u>45500</u>	22. OFFICE CODING NUMERIC <u>FE</u> ALPHABETIC <u>71265</u>	23. STATION CODE <u>          </u>	24. INDICATOR CODE <u>          </u>	25. HODGINS CODE <u>          </u>
26. DATE OF BIRTH MO. DA. YR. <u>          </u>	27. DATE OF DEATH MO. DA. YR. <u>          </u>	28. DATE OF LEL MO. DA. YR. <u>          </u>	29. DATE OF CEASE MO. DA. YR. <u>          </u>		
30. DATE OF EXP. DATE MO. DA. YR. <u>          </u>	31. SPECIAL REFERENCE <u>          </u>	32. REFERENCE DATA 1-EX 2-PLA 3-NOX <u>          </u>	33. SEPARATION DATA CODE <u>          </u>	34. COMPLETION CANCELLATION DATA TYPE MO. DA. YR. <u>          </u>	35. SECURITY REG NO. <u>          </u>
36. VET PREFERENCE CODE 0-NO PREFERENCE 1-1 PT 2-10 PT <u>          </u>	37. SERV COMP DATE MO. DA. YR. <u>          </u>	38. LONG COMP DATE MO. DA. YR. <u>          </u>	39. CAREER CATEGORY CODE <u>          </u>	40. HEALTH INSURANCE CODE 0-HEALTH 1-YES <u>          </u>	41. SOCIAL SECURITY NO. <u>          </u>
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-BRIEF IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS) <u>          </u>		43. STATE CAT CODE <u>          </u>	44. FEDERAL TAX DATA CODE <u>          </u>		45. STATE TAX DATA CODE <u>          </u>
46. POSITION CONTROL CERTIFICATION <u>120766N</u>		47. OF APPROVAL <u>                    </u>		48. DATE APPROVED <u>11/1/66</u>	

152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(1)

SECRET

(When filled in)

F-14

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		18 Nov 66	
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>				4. EFFECTIVE DATE REQUESTED Month: 12, Day: 18, Year: 66	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. FUNDS V TO V CP TO V V TO CP CP TO CP		7. FINANCIAL ANALYSIS NO CHARGEABLE 7137-1566	
8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 88-643 Sect. 203</b>		9. ORGANIZATIONAL DESIGNATIONS			
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE			
12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP <b>9</b>	
17. SALARY OF RATE <b>5</b>		18. REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>			
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. RIGHTS CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LIT MO DA YR	28. SECURITY RIG NO	29. SEX	
30. RETIREMENT DATA 1-CH 2-CH 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. CAREER CATEGORY CODE	34. SOCIAL SECURITY NO	
35. SET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. NEW COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. HEALTH INSURANCE CODE 0-WAIVER 1-YE	39. FEDERAL TAX DATA CODE NO TAX EXEMPTIONS	40. STATE TAX DATA CODE NO TAX EXEMPTIONS
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BRIDG TO SERVICE 2-BRIDG IN SERV (1-15 YEARS) 3-BRIDG IN SERV (MORE THAN 15 YEARS)	42. LEAVE EXT CODE	43. FEDERAL TAX DATA CODE NO TAX EXEMPTIONS	44. STATE TAX DATA CODE NO TAX EXEMPTIONS	45. POSITION CONTROL CERTIFICATION <b>11-21-66 N</b>	46. OP APPROVAL See memo signed by D/Pers dated 16 NOV 66
				DATE APPROVED	

SECRET

5 January 1966

MEMORANDUM FOR: FE Career Management Committee  
SUBJECT: Recommendation for Promotion  
[redacted]  
from GS-09 to GS-10

1. It is strongly recommended that [redacted] be promoted from GS-09 to GS-10. [redacted] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RFD. Since that time [redacted] has served as a Receiver Analyst at Headquarters [redacted] and since 1981 in the Central Registry Section of the [redacted]. [redacted] is 37 years old and has been in grade GS-09 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the promotion recommendation for the [redacted] 9 November 1964, the action recommended on [redacted] is as follows:

"A. [redacted] is now on his second tour as [redacted] Registry. This unit is located at Boston Air Station and handles all correspondence for all Station elements. In view of the fact that the Station is located in a different geographic location, a great deal of responsibility is given to [redacted] to ensure that action responsibility in incoming cables is rapidly and properly handled, dispatched and properly routed and processed. Correspondence from other local military commands is correctly analyzed and routed. The day-a-day editing system is functioning effectively, and the Station Newsletter is rapidly turning out priority dispatches.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, who is Chief of this Section. [redacted] does an exemplary job of supervising these employees with the result that the Registry is a well-run unit.

Not Approved  
3/1/66

(Group 1)  
Excluded from automatic  
downgrading and  
declassification

SECRET

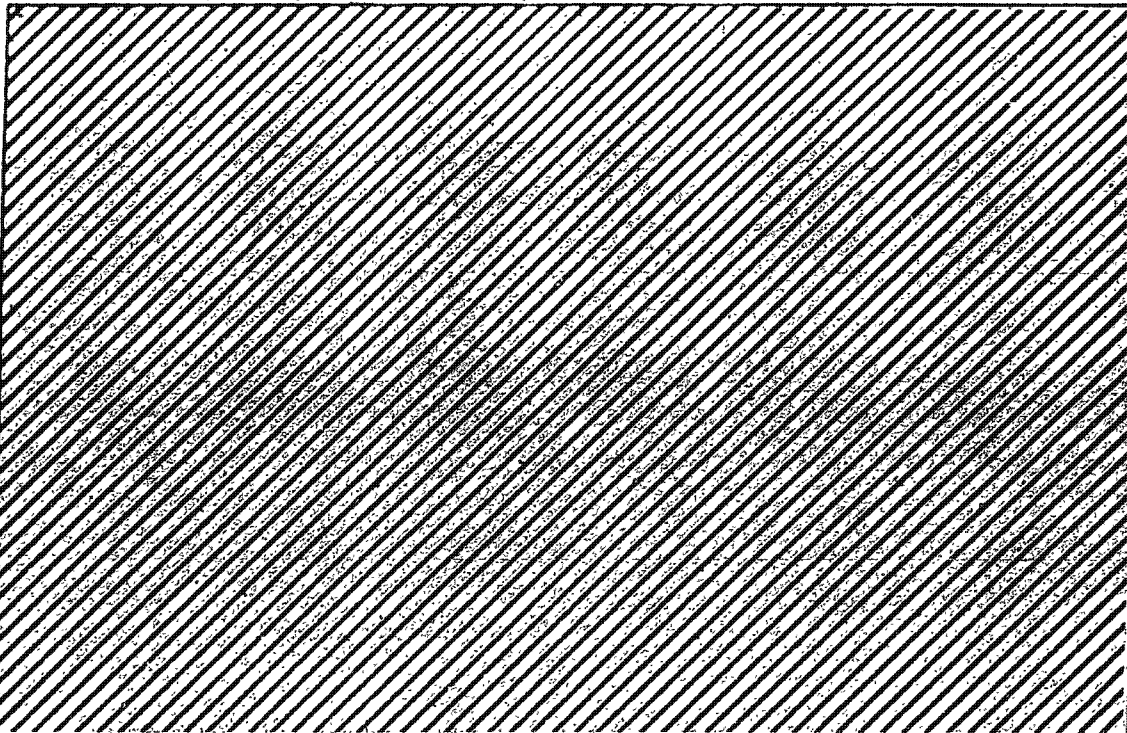
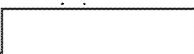
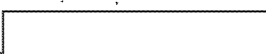
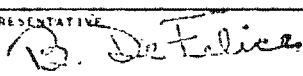
"D. In view of [ ] demonstrated ability to provide leadership to the Station Regulatory Unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

6. [ ] has continued to perform in an over-all "good" manner as reflected in his recent "good" report. He recently planned and effectively implemented the move of the Public Personnel Administration from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Mission [ ] stated "There is little to add to my predecessor's commendation letter, dated 8 November 1964, for the good work of [ ]. He is performing his duties as Chief of the Public Personnel Administration with efficiency and dispatch. He is a working supervisor who not only knows where the dustpan goes but is the head of his personnel and materials."

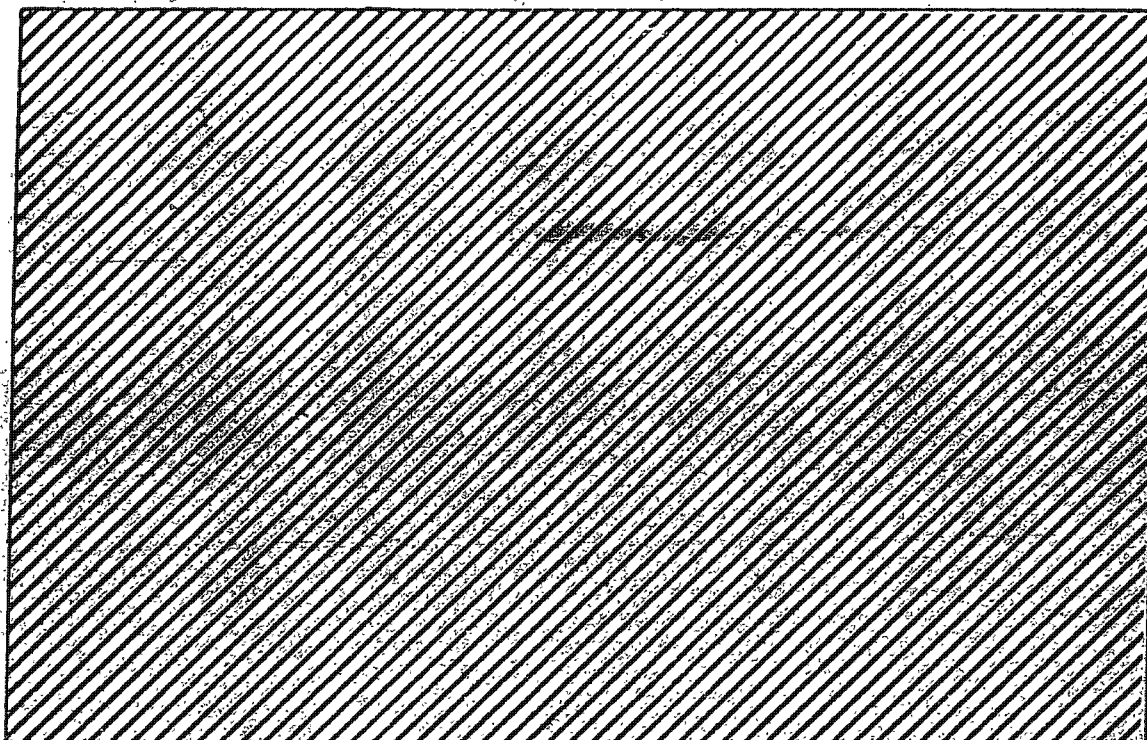
The Applicant has been employed by [redacted] since [redacted] at the position of [redacted]. The Applicant was promoted to [redacted] in [redacted] and to [redacted] in [redacted]. The Applicant was promoted to [redacted] in [redacted] and to [redacted] in [redacted].

Case 2:17-cv-01120

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
		66-502
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>26 October 1965</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 17 DEC 1965	SIGNATURE OF BSD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <input type="text"/>	NAME AND RELATIONSHIP OF DEPENDENT* <input type="text"/>	CLAIM NUMBER 66-148
--	---	------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 26 June 1965.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 17 JULY 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. De Felice</i>
--------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>10 Feb 1961</b>	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment and Transfer to Confidential funds			03 19 61		Regular
6. FUNDS	V TO V	X	V TO CF	7. COST CENTER NO. CHARGEABLE	
	CF TO V		CF TO CF	1137-7351-1000	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/FE Office of the Chief Central Registry and Records Section					
11. POSITION TITLE		12. POSITION NUMBER		12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION
Intel Analyst - Gen		12-D		3061	D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE
GS		0132.36		09 3	6765
18. REMARKS					
<p>FROM: FE/Office of the Chief/2461 tray 1 lcc - Security</p> <p>Form 259 forwarded to Medical Staff Departure Date: 31 March 1961 FE/CMC Approved</p> <p align="right">Security App. 2/16/61 Mr 3/4/61</p>					
19. SIGNATURE OF REQUESTER			20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		
NEL					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE	25. INTERVIEW CODE	26. MONTH CODE
45	11	5130	12	3	
27. DATE EXPIRES	28. DATE OF REFERENCE	29. DATE OF REFERENCE	30. DATE OF REFERENCE	31. DATE OF REFERENCE	32. DATE OF REFERENCE
33. VET. PREFERENCE	34. SER. COMP. DATE	35. SER. COMP. DATE	36. SER. COMP. DATE	37. SER. COMP. DATE	38. SER. COMP. DATE
39. PREVIOUS GOVERNMENT SERVICE DATA	40. PREVIOUS GOVERNMENT SERVICE DATA	41. PREVIOUS GOVERNMENT SERVICE DATA	42. PREVIOUS GOVERNMENT SERVICE DATA	43. PREVIOUS GOVERNMENT SERVICE DATA	44. PREVIOUS GOVERNMENT SERVICE DATA
45. POSITION CONTROL CERTIFICATION			46. O.P. APPROVAL		
03/13/61					

S-E-C-R-E-T

MEMORANDUM FOR:

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 16 December 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T



SECRET

## REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD			
						None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 04 21 52			
7. SCD		8. CSC Name		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD		13. Pay Plan	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.	
11 12 48		1 No-2		1 50 USCA 403 J				/		04 21 52		2	

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDP FE FE/ SUPPORT BRANCH				5161						57557			
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series					
Dept. - US/Id - Frgn -		Code		5		RECDs MGMT ANAL		3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
Mo. Da. Yr.		\$		01		Mo. Da. Yr.		Mo. Da. Yr.		9 3780 55 006			
09 1		5985				11 116 58		11 115 59		AL			

## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		01		Mo. Da. Yr.		Regular		01			
Vouchered				3 22 59							

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/FE Office of the Chief Secretariat				5112		Washington, D. C.				25013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - US/Id - Frgn -		Code		RECDs MGMT OF		2461		58-11			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Mo. Da. Yr.		\$				Mo. Da. Yr.		Mo. Da. Yr.		9 3700 20 001	
										AL	

## SOURCE OF REQUEST

A. Re		B. Secretariat		C. (Name & Telephone Ext.)		D. (Name & Title)	
Mozelle Little X2957						Personnel	

## CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board				3-16-59		D. Placement					
B. Pos. Control		23				E.					
C. Classification						F. Approved By					
Remarks											
please transfer from Unvouchered to Vouchered funds 2 Copies to Security											
4/6 file											

SECRET



14-00000  
*Stinberg*  
COPY

AIR

1024-A-9355  
(50-1-5)

Chief, WH Division  
ATTN : Chief, RI  
Chief of Station

31 January 1958

Administrative

EDY Service - RI Team

ACTION REQUIRED: Routing copies to Personnel files of employees concerned

wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.

2.  wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.

3. The RI employees named in paragraph 1 worked hard (expending many hours more than the forty normal work hours each week) and efficiently on  Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

ACB/cps

29 January 1958

Distribution:

8 - Hqs.  
2 - Files

STANDARD FORM 52 PROPOSED BY THE U. S. CIVIL SERVICE COMMISSION ANALYST IN - PERSONNEL MANUAL CHAPTER IV		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)		2. DATE OF BIRTH	
3. REQUEST NO.		4. DATE OF REQUEST	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment * transfer to V funds		6. EFFECTIVE DATE A. PROPOSED 5/1/57 B. APPROVED 5 Sept 57	
7. C. S. OR OTHER LEGAL AUTHORITY		8. POSITION (Specify whether establish, change grade or title, etc.)	
FROM: Intel Analyst BV-430.12 GS-0132.35-7 4793 \$4600.00 p/a DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.		TO: Intel Analyst Records Analyst 1795 GS-0132.35-7 \$4600.00 p/a DDP/FE GS-0306.01-7 Branch 3 - Administrative Section	
9. POSITION TITLE AND NUMBER		10. SERVICE, GRADE, AND SALARY	
11. ORGANIZATIONAL DESIGNATIONS		12. HEADQUARTERS	
13. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		14. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
15. REMARKS (Use reverse if necessary) * Memo dtd 18 June 1957 to Mgm staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7n - Record Analyst) be established on the 15/0 to be slotted against the GS-9 slot. Please call EN/PT/III x 4000 for effective date. Concur & F.T. Rep. Chm. [Signature] 10/20			
16. REQUEST APPROVED BY		17. SIGNATURE	
18. TITLE		19. TITLE	
20. VETERAN PREFERENCE		21. POSITION CLASSIFICATION ACTION	
22. NEW VICE I. A. REAL		23. SD:DI	
24. 15. SEX FROM 8-2309-23 TO: 8-3780-55-006 575352		25. 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) YES	
26. 18. DATE OF APPOINTMENT AFFIDAVIT (ATTACHMENT ONLY)		27. 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
28. STANDARD FORM 50 REMARKS D.O.C. 04.10.55. PSI - 04.06.58 The [Signature]			
29. CLEARANCES		30. INITIAL OR SIGNATURE	
31. DATE		32. REMARKS	
33. B. C.E.L. OR POS. CONTROL		34. C. CLASSIFICATION	
35. D. PLACEMENT OR ENPL.		36. E.	
37. F. APPROVED BY		38. 10-4, Ddt to be forwarded to, payroll	
39. 10-4, Ddt to be forwarded to, payroll		40. 16 August 57	

STANDARD FORM 52 PREPARED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540 GPO: 1955 O - 350-000		VOUCHERED	
<b>REQUEST FOR PERSONNEL ACTION</b>			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One from name, initial(s), and surname) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		2. DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		4. EFFECTIVE DATE A. PROPOSED:	
B. POSITION (Specify whether establish, change grade or title, etc.)		7. C.S. OR OTHER LEGAL AUTHORITY	
10. FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		D. APPROVED:	
FROM: <b>BV-430.02</b>		TO: <b>Intel Analyst BV-430.12</b> <b>GS-0132.35-7 \$4660.00 pa</b> <b>DDP/PI</b> <b>Records Integration Division</b> <b>Analysis &amp; Operations Branch</b> <b>Analysis Section</b> <b>Washington, D.C.</b>	
11. ORGANIZATIONAL DESIGNATIONS		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary) <p>Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.</p>			
B. REQUESTED BY (Name and title) <b>John M. Scott, Chief, R</b>		D. REQUEST APPROVED BY <i>Ch. M. Scott, RFPD</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Ruth Robinson, Ext. 2519</b>		Signatures Title:	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/> GRADE <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> PLAL. <input type="checkbox"/> SD: DI	
15. SEX M		16. APPROPRIATION FROM: <b>7-2309-23</b> TO: <b>86553</b>	
17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>YES</b>		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		20. STANDARD FORM 50 REMARKS APPROVED BY <b>FI CAREER SERVICE BOARD</b> DATE <b>16 Aug '56</b>	
21. CLEARANCES A.		INITIAL OR SIGNATURE <b>K.P.</b>	
B. CEIL OR POS CONTROL		DATE <b>7/17/56</b>	
C. CLASSIFICATION		REMARKS <b>17 Aug 56</b>	
D. PLACEMENT OR EXPL.		E.	
F. APPROVED BY <i>Ch. M. Scott</i>		DATE <b>16 Aug 56</b>	

STANDARD FORM 52 FORM 52 OF 1954 U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540		UNVOUCHERED TO VOUCHERED	
<b>REQUEST FOR PERSONNEL ACTION</b>			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initials, and surname) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		2. DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. REQUEST NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		4. DATE OF REQUEST <b>14 June 1956</b>	
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:	
7. POSITION (Specify whether establish, change grade or title, etc.)		8. APPROVED:	
FROM— <b>IO-CI</b> <b>OS-0136.53-7</b> <b>BFP 583.05</b> <b>\$4660.00</b> <b>DDP/FE</b> <b>Branch 1 -</b> <b>Records Integration Branch</b> <b>Personality Files Section</b>		TO— <b>Intel Analyst</b> <b>OS-0136.53-7</b> <b>BV-430.02</b> <b>\$4660.00 pa</b> <b>DDP/FE</b> <b>Records Integration Division</b> <b>Analysis &amp; Operations Branch</b> <b>Analysis Section</b> <b>Washington, D.C.</b>	
9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL		14. POSITION CLASSIFICATION ACTION NEW VICE I A REAL SD: DI	
15. REMARKS (Use reverse if necessary) <b>Transfer from Unvouchered to Vouchered Funds.</b> <b>Vice [redacted] transferring to [redacted] EE.</b> <b>Copies of this action have been submitted to Payroll and Security offices.</b> <div style="text-align: right;">CONCUR: [redacted]</div>			
16. VETERAN PREFERENCE MORE WWII OTHER S PT 15 POINT DISAB OTHER <input checked="" type="checkbox"/>			
17. APPROPRIATION FROM: <b>6-2740-55-096</b> TO: <b>6-2309-23</b>			
18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>			
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED			
20. STANDARD FORM 50 REMARKS <div style="text-align: right;">DC</div>			
21. CLEARANCES A. B. CEIL OR POS CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL E.			
INITIAL OR SIGNATURE DATE REMARKS			

SECRET

Name: 

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROMTO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/FE

Staff: Branch 1 - 

RI

Branch: Records Integration

Analysis NM &amp; Operations

Section: Personality Files

Analysis

Hqrs: 

Washington

I &amp; R Comment

1956

Date

VIA: AIR  
SPECIFY AIR OR SEA POUCH

DISPATCH NO. [ ]

**CONFIDENTIAL**  
CLASSIFICATION

4 FEB 1955

TO : Chief, FE

DATE:

FROM : Chief, [ ]

INFC: Chief, Support Mission, [ ]

SUBJECT: GENERAL: Administrative/Personnel

SPECIFIC: Recommendation for Promotion - [ ]

1. It is recommended that [ ] be promoted from GS-5 to GS-7. Subject entered on duty with the [ ] 26 July 1954.

2. [ ] presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the [ ] Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, [ ] has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. [ ] is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to reestablish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that [ ] is performing the duties outlined in the job description attached hereto.

/s/ [ ]

1 February 1955

1 ENCL - a/s

DISTRIBUTION:

1 - Chief, FE

1 - Chief, EN

**CONFIDENTIAL**  
CLASSIFICATION



CONFIDENTIAL

POSITION DESIGNATION:

1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:

b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memo, HQ's, Contact Reports, CCHAF Reports, RFI's, various intelligence summaries, etc.

3. Responsibility for the Work of Others:

N/A

4. Scope and Effect of Work:

I am responsible for making all HONI file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

CONFIDENTIAL

CONFIDENTIAL

- 2 -

6. Mental Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all ☐ file checks, regarding what information is to be sent to Headquarters and ☐.

7. Personal Work Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING

1. Typing

3. English Usage

2. shorthand

4. Office Practice  
(Electric typewriter, filing,  
phone, Correspondence Manual,  
proofreading, office protocol.)

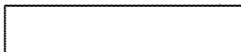


**STANDARD FORM 52**

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

<b>1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>2. DATE OF BIRTH</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>3. REQUEST NO.</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>4. DATE OF REGISTRY</b> <b>1 June 1953</b>																								
<b>5. NATURE OF ACTION REQUESTED:</b> <b>A. PERSONAL (Specify whether appointment, promotion, separation, etc.)</b> <b>Promotion</b>				<b>6. EFFECTIVE DATE</b> <b>A. PROPOSED:</b>		<b>7. C. 9 OR OTHER LEGAL AUTHORITY</b>																								
<b>B. POSITION (Specify whether establish, change grade or title, etc.)</b>				<b>B. APPROVED:</b> <i>7 June 53</i>																										
<b>FROM—</b> <b>Intel. Anal.</b> <span style="float: right;"><b>BV-469.08-4</b></span> <b>GS-132</b> <span style="float: right;"><b>\$3175.00 pa</b></span> <b>DDP/FI</b> <b>Records Integration Division STAFF</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b>		<b>8. POSITION, TITLE AND NUMBER</b>  <b>9. SERVICE, GRADE, AND SALARY</b>  <b>10. ORGANIZATIONAL DESIGNATION</b>  <b>11. HEADQUARTERS</b>  <b>12. FIELD OR DEPARTMENTAL</b>		<b>TO—</b> <b>Intel. Anal.</b> <span style="float: right;"><b>BV-469.08</b></span> <b>GS-132</b> <span style="float: right;"><b>\$3410.00 pa</b></span> <b>DDP/FI</b> <b>Records Integration Division STAFF</b> <b>Processing &amp; Records Branch</b> <b>Consolidation Section</b> <b>Washington, D.C.</b>		<b>FIELD</b> <input type="checkbox"/> <b>DEPARTMENTAL</b> <input checked="" type="checkbox"/>																								
<b>A. REMARKS (Use reverse if necessary)</b> <div style="text-align: right; margin-right: 100px;"><i>17 Aug</i></div> <b>Subject has been in grade since <del>21 April</del> 1952.</b>																														
<b>6. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>2510</b>				<b>D. REQUEST</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																										
<b>13. VETERAN PREFERENCE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NONE</td> <td style="width: 10%;">WH</td> <td style="width: 10%;">OTHER</td> <td style="width: 10%;">1 PT.</td> <td style="width: 10%;">10 POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NONE	WH	OTHER	1 PT.	10 POINT											<b>14. POSITION CLASSIFICATION ACTION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NEW</td> <td style="width: 10%;">VICE</td> <td style="width: 10%;">I. A.</td> <td style="width: 10%;">REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NEW	VICE	I. A.	REAL				
NONE	WH	OTHER	1 PT.	10 POINT																										
NEW	VICE	I. A.	REAL																											
<b>15. SEX</b> <b>16. RACE</b>		<b>17. APPROPRIATION</b> <b>FROM:</b>  <b>TO:</b>		<b>18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)</b>		<b>19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)</b>																								
						<b>20. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <b>STATE:</b>																								
<b>21. STANDARD FORM 50 REMARKS</b> <div style="height: 100px;"></div>																														
<b>22. CLEARANCES</b> <b>A.</b> <b>B. CEIL. OR POS. CONTROL</b> <b>C. CLASSIFICATION</b> <b>D. PLACEMENT OR EMPL.</b> <b>E.</b>		<b>INITIAL OR SIGNATURE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>DATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>REMARKS.</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																								
<b>F. APPROVED BY</b>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																												



Washington, D. C.  
Intel. Anal.

25

1 June 1953

FI/RI

OS-4  
OS-5

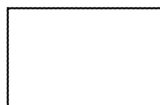
BV-469.08  
OS-4

BV-469.08  
OS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, OS-2, May 1950 to Jan. 1952  
OS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, OS-3, 21 April 1952 to 17 Aug. 1952  
OS-4, 17 Aug. 1952 to 16 March 1953  
DDP/FI/RI, Consolidation Section, Mail & File Clerk, OS-4, 16 March 1953 to present



Chief, RI

STANDARD FORM 52  
FORM 52-1 OF THE  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540  
MAY 1962 EDITION

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)

2. DATE OF BIRTH

3. REQUEST NO.

4. DATE OF REQUEST

15 Apr 53

5. NATURE OF ACTION REQUESTED:

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Reassignment

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE  
A. PROPOSED:

7. C. S. OR OTHER  
LEGAL AUTHORITY

B. APPROVED:

26 Apr 53 *Saka*

FROM—

Mail & File Clerk BV-364.08

GS-4-305 \$3175.00 pa

DDP/FI/RI

Processing & Records Branch  
Consolidation Section

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

8. POSITION-TITLE AND  
NUMBER

9. SERVICE, GRADE, AND  
SALARY

10. ORGANIZATIONAL  
DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO—

Intel. Anal.

BV-469.08-4

GS-4-132 \$3175.00 pa

DDP/FI/RI

Processing & Records Branch  
Consolidation Section

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Position BV-364.08 has been deleted from the T/O.

B. REQUEST BY

Signature

Title: *Asst. FI/PO*

13. VETERAN PREFERENCE

NONE WWII OTHER: S-P-F  
DISAB OTHER

14. POSITION CLASSIFICATION ACTION

NEW VICE L.A. REAL

15. SEX

16. RACE

17. APPROPRIATION

FROM:

TO:

*11X21.00  
2319-W  
2319-20*

18. SUBJECT TO C. S.  
RETIREMENT ACT  
(YES-NO)

19. DATE OF APPOINT-  
MENT AFFIDAVIT  
(ACCESSIONS ONLY)

20. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED  
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEN. OR POS. CONTROL

C. CLASSIFICATION

D. PLACEMENT OR EMPL.

E.

F. APPROVED BY

*200, 2195-7*

STANDARD FORM 52  
FORM 52 OF THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1950 - FEDERAL PERSONNEL  
MANUAL, CHAPTER 20

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 2 March 53
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE & PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 15 March 53 Jha		

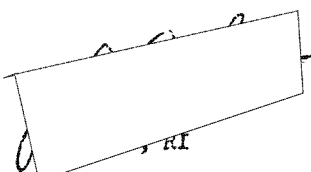
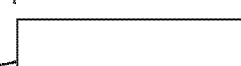
FROM— File Clerk GS-4-305 \$3175.00 pa DD/P/PI/RI Processing & Records Branch File Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER 11. SERVICE, GRADE, AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO— Mail & File Clerk GS-4-305 \$3175.00 pa DD/P/PI/RI Processing & Records Branch Consolidation Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
--	---	--

15. REMARKS (Use reverse if necessary)  
From EV-356 to BV-364.

16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		17. REQUEST APPROVED Signature: [Signature] Title: [Signature] F1/100	
18. VETERAN PREFERENCE NONE [ ] WWI [ ] OTHER [ ] 10 POINT [ ] DISAB. [ ] OTHER [ ]		19. POSITION CLASSIFICATION ACTION NEW [ ] VICE [ ] L.A. [ ] REAL [ ]	
20. SEX [ ] 21. RACE [ ]	22. APPROPRIATION FROM: 11/2/50 2309-20 TO:	23. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	24. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 25. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

26. STANDARD FORM 50 REMARKS			
27. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEN. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED [Signature] 3/6/53			



PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE		
NATURE OF ACTION		WHEN LEAVING (VOUCHERED)		
Promotion		17 Aug 52		
FROM		TO		
TITLE		TITLE		
File Clerk X-39.04		File Clerk X-102.22		
GRADE AND SALARY		GRADE AND SALARY		
GS-3-305 \$2950.00 per annum		GS-4-305 \$3175.00 per annum		
OFFICE		OFFICE		
OSO		OSO		
DIVISION		DIVISION		
RI		RI		
BRANCH AND SECTION		BRANCH AND SECTION		
Processing & Records Branch File Section		Analysis & Operations Branch Service & Correspondence Section		
OFFICIAL STATION		OFFICIAL STATION		
Washington, D.C.		Washington, D.C.		
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS:				
From X-39.04 to X-102.22				
Subject has been in grade since 21 April 1952.				
Approved: 				
31 July 52				
RECOMMENDED:				
				
FOR USE OF PERSONNEL ONLY				
PLACEMENT		TRANSACTIONS AND RECORDS		
DATE QUALIFICATIONS APPROVED		APPROPRIATION		
CLEARANCE REQUESTED		ALLOTMENT		
DATE TYPE		C S AUTHORITY		
DATE TYPE		DATE SIGNATURE		
DATE SIGNATURE		PERSONNEL RELATIONS		
CLASSIFICATION		DATE SIGNATURE		
BUREAU NO.		APPROVALS		
U. S. C. NO.		DATE SIGNATURE		
NEW VICE		DATE SIGNATURE		
E. A. REAL		DATE SIGNATURE		
EFFECTIVE DATE		DATE SIGNATURE		
8/13/52		2 Aug 52		

1. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to 19 April 1952  
Fiscal Acct. Clerk GS - 3 \$2950.00 per annum  
SUPERVISOR: Miss Ryan  
U.S. Treasury Department  
Pennsylvania Avenue  
Washington, D.C.  
PLEASE FORWARD FILE AND LEAVE RECORD TO:

*File*  
[ ]

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 20a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-61926-1

2. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO  
R. H. J. HOPKINS,  
CENTRAL INTELLIGENCE AGENCY  
2425 E STREET, N.W.  
WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

FROM 11 May 1950 to April 1952  
Fiscal Acct. Clerk GS 3 \$2950.00  
U.S. Treasury Dept.  
15th & Penna. Ave N.W.  
Washington D.C.

[ ]  
(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 18a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-61926-2 GPO 11

Return to: EMPLOYING ORGANIZATION

George E. Helson  
2430 E Street N.W.  
Washington D.C.

BY 1150 was forwarded by your office  
in May 1952. Since this copy has been  
detached from our files it is re-  
quested that you forward a copy of  
same to the address at left.

*115 P.S.L.*

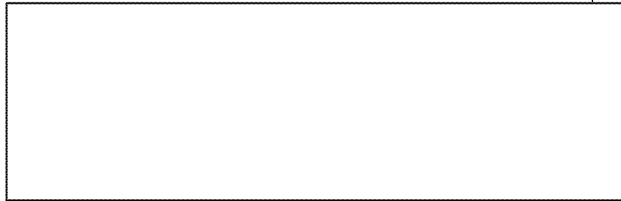
ENTRANCE ON DUTY NOTICE	
1. TO <b>OSO NY</b>	2. DATE <b>21 April 1952</b>
Notice of Final Processing of Applicant for Entrance on Duty	
3. NAME <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	4. ENTRANCE SALARY <b>\$2950.00</b>
5. TITLE <b>T - File Clerk</b>	6. GRADE <b>GS - 3</b>
<p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p><b>File - 26 April 1952</b>  <b>Let. - 23 April at 3:00 P.M.</b></p> <div style="text-align: center;"> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <b>APR 30 1952</b> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div> <div style="text-align: right; margin-top: -10px;"><i>ued</i></div> </div> </div> <div style="text-align: right; margin-top: 10px;">PERSONNEL OFFICER</div>	

FORM NO. 37-114  
JAN 1952

(4)

Date

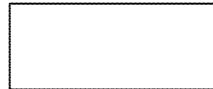
APR 4 1952



Your employment has been approved by this Agency at \$ 2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "B" Street, N. W., by telephone, Executive 6115, Extension 3693 of your exact reporting date.

Sincerely yours,



4 - 1952

Personal Division

Subject telephoned: 4-5-52 ; spoke with EJS  
(date)

Subject will EOD 21 Apr 52 - New W/Treasury

SUBJECT WILL NOT EOD; Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

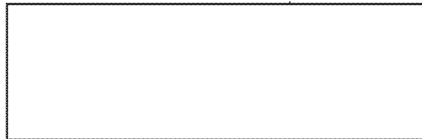
Not met  
4/8

## CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

22 March 1952



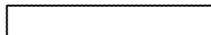
In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,

A rectangular box with a black border, used to redact the signature of the official.

Personnel Division

OUTGOING CLASSIFIED MESSAGE

PAGE NO .....

CENTRAL INTELLIGENCE AGENCY

DATE: <u>5 Mar 52</u>	ROUTINE <input type="checkbox"/>	PRIORITY <input type="checkbox"/>	URGENT <input type="checkbox"/>
FROM: <u>PDC</u>	(ORIGINATING OFFICER)		(PHONE EXTENSION)
TRANSMIT TO: <div style="border: 1px solid black; width: 200px; height: 40px; display: inline-block;"></div>	<i>see new address on route sheet</i> (CLASSIFICATION)		

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750 PER ANNUM, SUBJECT SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I" BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON, D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST, BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTENSION 3698 THE EXACT REPORTING DATE.

*Is now a  
G8-3 (see last PHS)  
won't take a  
for  
8 March*

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

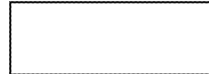
20 February 1952  
In reply refer to ED-4



This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,



Personnel Division

Enclosure

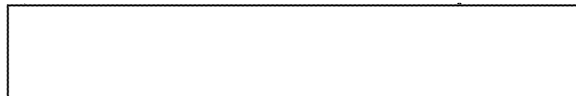
2 37-92  
1 Appand  
1 CUS

Please forward three passport size photographs at your earliest convenience.

m 0

CERTIFICATE OF ATTENDANCE

I certify that on APR 28 1952 I have attended  
the Agency Indoctrination Course specified by Regulation  
25-1.



8-30 15-5-1952


FORM NO. 51-121  
DEC 1951

161

384

FORM NO. 37-115  
MAY 1950

*File  
ind*

TO: Medical Division  
FROM: Transactions & Records  
SUBJECT: 

Request that above named subject be given a physical examination.

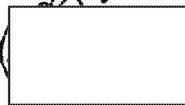
POSITION: File Clerk

GRADE: GS - 3

BRANCH: OSD RI

SERVICE: DEPT.

NATURE OF APPOINTMENT: EXC.

*OK* 

FORM NO. 37-115  
MAY 1950



PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE <b>APR 21 1952</b>		
NATURE OF ACTION <b>Excepted Appointment</b>		WHEN LEAVING (VOUCHERED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
FROM		TO		
TITLE		File Clerk <b>L-39.04-1</b>		
GRADE AND SALARY		GS-305 <b>\$2950.00</b>		
OFFICE		OSO		
DIVISION		RI		
BRANCH AND SECTION		Processing and Records Branch File Section		
OFFICIAL STATION		Washington, D.C.		
DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS: <b>(To P-39.04) gw</b>  Approved: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 40px; vertical-align: middle;"></span> <b>15 FEB 1952</b>				
RECOMMENDED: <b>15 Feb 52</b>				
FOR USE OF PERSONNEL ONLY				
PLACEMENT		TRANSACTIONS AND RECORDS		
DATE QUALIFICATIONS APPROVED		APPROPRIATE <b>2123400</b>		
CLEARANCE REQUESTED		ALLOTMENT <b>3009</b>		
DATE		C & C AUTHORITY <b>Sch AC. 116 (8)</b>		
TYPE		DATE SIGNATURE		
DATE		SIGNATURE		
SIGNATURE		PLACEMENT SIGNATURE		
CLASSIFICATION		DATE		
BUREAU NO.		SIGNATURE		
C & C NO.		APPROVAL		
DATE APPROVED		DATE		
FILE		SIGNATURE OF EXAMINER		
VICE		DATE		
L.A.		EFFECTIVE DATE		
REAL		<b>27 Feb</b> <b>Apr 52</b>		

CONFIDENTIAL				REQUEST NO.	
REQUEST FOR SECURITY CLEARANCE				H-3007A	
FULL NAME (Last) (First) (Middle)				DATE	
				10 FEB 52	
POSITION TITLE				YEAR OF BIRTH	
FILE CLERK				1928	
LOCATION (OFFICE)		CODE	DIVISION	CODE	BRANCH
NYC			NY		REC-200
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
TYPE OF EMPLOYEE					
1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHERS					
FUNDS					
<input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)					
<input checked="" type="checkbox"/> SECRET					
<input checked="" type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
D ST. POOL					
AVAILABILITY DATE (Da-Mo-Yr)		EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE	
				CODE	
				01	
SEX AND VETERAN STATUS					
1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:					
SECURITY INITIATED BY NORTH. SUPERSEDED ACTION OF 1/5/52. CHANG OF OFFICE, DIVISION & BRANCH.					
Attachments:					
FIS					
Append. I					
Photos.					
				SIGNATURE	
				DATE	

## Office Memorandum • UNITED STATES GOVERNMENT

TO :

Jarema

DATE: 8 Feb. 1952

FROM :

SUBJECT:

In Process as G S 2 Clerk. He wants accounting clerk eventually, but there are no openings at present, & we have two other - better qualified - accounting clerks in process in reserve at present.

Possibility for microfilm trainee?

P.O.  
12-26

MP

[Redacted]

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

[Redacted]

REQUEST FOR SECURITY CLEARANCE				REQUEST NO.	
				DATE 7-20-57	
FULL NAME (Last) (First) (Middle)		YEAR MONTH		1957 7 20	
POSITION TITLE		GRADE		1000	
LOCATION (OFFICE)	CODE	DIVISION	CODE	BRANCH	CODE
Personnel		Personnel (0)		Personnel Pool	
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
Washington, D. C.					
TYPE OF EMPLOYEE 1. <input type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHER:					
FUNDS <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)					
D. Street Pool					
<input type="checkbox"/> SECRET					
<input type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
AVAILABILITY DATE (DD-MO-YR)	EST. CLEARANCE DATE (MO-YR)		RECRUITMENT SOURCE		CODE
					01
SEX AND VETERAN STATUS 1. <input type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:					
<div style="text-align: right;"> <i>Movie 1-17-52</i> </div>					
Attachments:					
FMS					
Append, I					
Photos.					
<div style="text-align: center;"> <b>CONFIDENTIAL</b> </div>					
<div style="text-align: right;">             Chief, Personnel Division              DIVISION           </div>					

5 January 1952



You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary ~~\$2750.00~~ per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,

A rectangular box with a black border, used to redact a signature.

Chief, Personnel Division

REQUEST FOR SECURITY CLEARANCE				SECURITY INFORMATION		REQUEST NO.	DATE
FULL NAME				(MIDDLE)		4 JAN. 1952	
POSITION				GRADE		YEAR OF BIRTH	
CLERK				GS 2		1928	
LOCATION (OFFICE)		CODE	DIVISION		CODE	BRANCH	CODE
POOL							
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)							
TYPE OF EMPLOYEE							
1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY							
5. <input type="checkbox"/> OTHER:							
FUNDS							
<input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED							
TYPE(S) OF SECURITY CLEARANCE REQUESTED							
<input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)							
<input checked="" type="checkbox"/> SECRET							
<input checked="" type="checkbox"/> FULL							
<input type="checkbox"/> WAIVER							
AVAILABILITY DATE (Mo-Yr)		EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE		CODE	
Aug						01	
SEX AND VETERAN STATUS		1. <input checked="" type="checkbox"/> M-V		3. <input type="checkbox"/> F-V			
		2. <input type="checkbox"/> M-NV		4. <input type="checkbox"/> F-NV			
REMARKS:							
89 to Mel. Jan 1/5							
Attachments:							
FHS							
Append. I							
Photos.							
CONFIDENTIAL				SIGNATURE			
SECURITY INFORMATION				DIVISION			

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : File

DATE: 3 January 1952

FROM :

SUBJECT: 

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted mil  ough and after his discharge. However, she stated that  had been a very satisfactory employee and there was nothing derogatory in his file.



CONFIDENTIAL

REPORT OF INTERVIEW			THIS DATE
NAME		REFERRED BY	
HOME ADDRESS		TELEPHONE	
BUSINESS ADDRESS		TELEPHONE	
DATE OF BIRTH		PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)
NAME OF SPOUSE			
DATE OF BIRTH		PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)
SALARY REQUESTED		NO. OF DEPENDENTS	INTERVIEWER
EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES)			
<p>Hadlich's Bus. Sch. Diploma in fr. accounting</p>			
MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS)			
<p>Present- Treasury Dept. I/A attached</p>			
MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS)			
<p>Oct 3, 1946 Apr 12, 1948</p>			
<p>Oct 19, 1950 Aug 7, 1951</p>			
<p>Pfc (Infantry)</p>			

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HQ HIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-1 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN:

☐ PHS

☐ MEDICAL

☐ RESERVE

SIGNATURE OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division  
Central Intelligence Agency  
2430 "E" Street, N. W.  
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of [redacted]

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.

2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~transfer~~ release.

[redacted]  
(Signature)

Acting Personnel Officer  
(Title)

Bureau of Accounts  
Treasury Department  
(Agency)

Contact for Further information:

[redacted]  
(Name) Employee Relations Officer

Code 172, Extension 2628  
(Telephone)

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHY

BIOGRAPHIC PROFILE

SECRET

Handle With Care

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 12 May 1975	FILE NO. 2542
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, CP	CS NO.	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP	EMPLOYEE NUMBER	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) CCS	ID CARD NUMBER	
ATTN:	CHIEF ADMIN STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	VERBAL REQUEST		
SUBJECT		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: <u>EOB</u>	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>CIA</u> <u>W-2</u> TO BE ISSUED. (HNB 20-11)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>2</u> (HNB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>THIS MEMO MUST REMAIN ON TOP OF FILE</u> (HNB 20-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE IN COVER. (HR 240-2*)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*)		<input checked="" type="checkbox"/> DO NOT WRITE IN THIS SPACE	
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
COPY 1 - CD OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/SPACD COPY 4 - OC-OO/TED COPY 5 - CCS-FILE EDF:JP		CHIEF, OFFICIAL AFF	

FORM 1551 USE PREVIOUS EDITION

SECRET

E2 IMPDET CL BY

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO.
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		ESTABLISHED
REF:	OFFICIAL COVER	DISCONTINUED
SUBJECT	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TO _____ OTHER SPECIAL _____		SUBMIT FORM 3254 TO BE ISSUED (HR 20-11)
SUBMIT FORM 642 FOR ANY CHANGE AFFECTING THIS COVER. (HR 20-7)		SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)
SUBMIT FORM 3254 TO BE ISSUED. (HR 20-11)		SUBMIT FORM 2683 FOR HOSPITALIZATION CARD.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		DO NOT WRITE IN THIS BLOCK
EAA, CATEGORY I		CATEGORY II
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY		
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHACO COPY 4 - GL/TFB COPY 5 - CCS-FILE		CHIEF, OFFICIAL COVER; CENTRAL COVER STAFF

FORM 1551 USE PREVIOUS EDITIONS

SECRET

13, IMPDET CL BY 007622

613-20-481

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 10 May 1971	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION	FILE NUMBER 2542	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER [ ]	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER [ ]	
ATTN: EUR/Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/>	BACKSTOP ESTABLISHED
REF: Form 1413 dated 6 May 1971				DISCONTINUED
SUBJECT [ ]		UNIT [ ]		
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>				
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)		
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____		DATE _____		
B. CONTINUING AS OF From EOD				
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT State W-2 BEING ISSUED. (HRB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-20)			
<input type="checkbox"/>	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY [ ]				
DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - D/OB COPY 4 - OL/TELETYPE COPY 5 - SP COPY 6 - CCS - FILE		RF:km [ ]		

FORM 1551 USE PREVIOUS EDITIONS  
12-70

SECRET

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA 15 November 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 2542	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 16032	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER 140-542	
ATTN: EME/ Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322			
SUBJECT: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>		UNIT Records Analysis Group	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OFR 20-800.11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OFR 20-800.11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE (no. of COB) _____	
B. CONTINUING AS OF COB AUG 57			
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20.7)	<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20.7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT <u>Army</u> W-2 BEING ISSUED. (HRB 20.11)	<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240.2a)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240.2a)		
<input type="checkbox"/>	SUBMIT FORM 2608 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
<div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px;"></div> <div style="text-align: right; margin-top: 20px;"> </div>			
DISTRIBUTION: COPY 1 - HQ COPY 2 - OPERATING COMPONENT COPY 3 - 3-03 COPY 4 - PL/RELATE COPY 5 - CTS - AMEMB COPY 6 - ACD - FILE		<div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px;"></div>	

FORM 1551

SECRET

112 20-431



SECRET

6 Mar 59

File: 2542

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT: [REDACTED]

1. [REDACTED] arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked ~~to prevent~~ [REDACTED]

3. This memorandum confirms an oral request of 6 Mar 59 by [REDACTED] Room 1608 "L", Building, Extension 2420.

[REDACTED]  
HARRY W. LITTLE, JR.  
Chief, Central Cover Division

cc: SSD/OS

THIS MATERIAL IS SECRET  
REMAIN  
FORM 1580a  
UN FOR OF FILE

(4-12-40)

SECRET

DEC 5 1956  
(Date)

MEMORANDUM FOR: Chief, Records & Services Division  
Office of Personnel

THROUGH : Security Support Division  
Office of Security

SUBJECT :

1.  arrangements have been completed for the above named subject who will be visiting a foreign country for a \_\_\_\_\_ day TDY trip.

2. Effective this date, it is requested that your records be properly ~~XXXXXX~~ (re-opened) to ~~XXXX~~ (acknowledge) subject's current Agency employment by an external inquirer.

Chief, Official Cover & Liaison, CCS

CC: SSD/CS

THIS INFO MUST REMAIN  
ON TOP OF FILE  
SECRET

JP  
12-11-54

SECRET  
(When Filled In)

RMR 080878

unable to locate

## NOTIFICATION OF PERSONNEL ACTION

OFF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
[REDACTED]			
3. RETIREMENT (VOLUNTARY)		4. EFFECTIVE DATE	
UNDER CIA RETIREMENT AND DISABILITY SYSTEM		08 04 78	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. TAN AND NSCA	
V TO V		V TO CF	
CF TO V		CF TO CF	
8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS	
8026 3430 0000 PL 88-643 SEC 233		DDO/INS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE	
WASH., D.C.		RECORDS ADMIN OFF NE	
12. POSITION NUMBER		13. SERVICE DESIGNATION	
CG45		DCC	
14. CLASSIFICATION SCHEDULE (GS, WS, etc.)		15. OCCUPATIONAL SERIES	
GS		0344.01	
16. GRADE AND STEP		17. SALARY OR RATE	
13 2		26889	
18. REMARKS			
[REDACTED]			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
45	10	NUMERIC ALPHABETIC	
23. INTEGRITY CODE	24. PROBATION CODE	25. DATE OF 5-YR	26. DATE OF GRADE
		MO DA YR	MO DA YR
27. DATE OF LEL	28. MTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
	MO DA YR		CSC CIA AFC NONE
31. SEPARATION DATA CODE	32. CORRECTION	33. SECURITY REQ NO	34. SEX
OBJ0000			
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
CODE	MO DA YR	MO DA YR	CAR B1 B2 B3 B4 B5 B6 B7 B8 B9 C1 C2 C3 C4 C5 C6 C7 C8 C9 D1 D2 D3 D4 D5 D6 D7 D8 D9 E1 E2 E3 E4 E5 E6 E7 E8 E9 F1 F2 F3 F4 F5 F6 F7 F8 F9 G1 G2 G3 G4 G5 G6 G7 G8 G9 H1 H2 H3 H4 H5 H6 H7 H8 H9 I1 I2 I3 I4 I5 I6 I7 I8 I9 J1 J2 J3 J4 J5 J6 J7 J8 J9 K1 K2 K3 K4 K5 K6 K7 K8 K9 L1 L2 L3 L4 L5 L6 L7 L8 L9 M1 M2 M3 M4 M5 M6 M7 M8 M9 N1 N2 N3 N4 N5 N6 N7 N8 N9 O1 O2 O3 O4 O5 O6 O7 O8 O9 P1 P2 P3 P4 P5 P6 P7 P8 P9 Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 R1 R2 R3 R4 R5 R6 R7 R8 R9 S1 S2 S3 S4 S5 S6 S7 S8 S9 T1 T2 T3 T4 T5 T6 T7 T8 T9 U1 U2 U3 U4 U5 U6 U7 U8 U9 V1 V2 V3 V4 V5 V6 V7 V8 V9 W1 W2 W3 W4 W5 W6 W7 W8 W9 X1 X2 X3 X4 X5 X6 X7 X8 X9 Y1 Y2 Y3 Y4 Y5 Y6 Y7 Y8 Y9 Z1 Z2 Z3 Z4 Z5 Z6 Z7 Z8 Z9
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE	40. LEAVE CAT CODE	41. FEDERAL TAX DATA	42. STATE TAX DATA
CODE	CODE	CODE	CODE
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE MORE THAN 3 YRS	1 - YES 2 - NO	1 - YES 2 - NO	1 - YES 2 - NO
SIGNATURE OR OTHER AUTHENTICATION			
[REDACTED]			

FORM 1130  
5-74 Mfg 10-74Use Previous  
Edition

SECRET

EO 11651 CL BY 007022-1 (R 91)

**SECRET**  
(When Filled In)

153078

### NOTIFICATION OF PERSONNEL ACTION

<b>OFF</b> 1. SIGNAL NUMBER 2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE MO DA YR <b>04 09 78</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
<b>REASSIGNMENT</b>		7. PAN AND NSCA <b>8026 3430 0000</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>			
11. POSITION NUMBER <b>CG45</b>		13. SERVICE DESIGNATION <b>DCC</b>			
14. CLASSIFICATION SCHEDULE (GS, WG, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0344.01</b>		16. GRADE AND STEP <b>13 2</b>	
17. SALARY OR RATE <b>26889</b>		18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE    20. EMPLOY CODE    21. OFFICE CODES    22. STATION CODE    23. INTERVIEW CODE    24. HOURS CODE    25. DATE OF BIRTH    26. DATE OF GRADE    27. DATE OF LET					
28. DATE OF SEPARATION    29. SPECIAL REFERENCE    30. RETIREMENT DATA    31. SEPARATION DATA CODE    32. CORRECTION/REVISIONS    33. SECURITY REQ NO    34. SEA					
35. VET PREFERENCE    36. SERV COMP DATE    37. LONG COMP DATE    38. CAREER CATEGORY    39. FLIGHT / HEALTH INSURANCE    40. SOCIAL SECURITY NO					
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE    42. LEAVE CAT CODE    43. FEDERAL TAX DATA    44. STATE TAX DATA					
45. FORM EXEMPTED    46. TAX EXEMPTIONS    47. FORM EXEMPTED    48. TAX EXEMPTIONS					
SIGNATURE OR OTHER AUTHENTICATION <div style="display: flex; justify-content: space-between;"> <span>FROM: NE</span> <div style="text-align: right;"> </div> </div>					

FORM 1 (1-74)  
5-74 5010-70

Use Previous Edition

**SECRET**

GPO: 1974 O-307-022 (4-75)

**SECRET**  
(When Filled In)

OCF

R

### NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)																																																																									
3.		4. EFFECTIVE DATE: MO DA YR 03 12 78																																																																									
5. CATEGORY OF EMPLOYMENT: REGULAR		6. CSC OR OTHER LEGAL AUTHORITY																																																																									
7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY																																																																									
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION																																																																									
11. POSITION TITLE		12. POSITION NUMBER																																																																									
13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, WS, etc.)																																																																									
15. OCCUPATIONAL SERIES		16. GRADE AND STEP																																																																									
17. SALARY OR RATE		18. REMARKS																																																																									
<div style="border: 1px solid black; padding: 5px;"> <b>PROMOTION</b>            FUNDS: <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF            8033 4800 0000 50 USC 403 J            DDG/NE DIVISION            OFFICE OF THE CHIEF, NE DIVISION            PLANS STAFF            WASH., D.C.            RECORDS ADMIN OFF            CG45            DCC            GS 0344.01 13 2 26889         </div>																																																																											
<div style="border: 1px solid black; padding: 5px;">           SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>19. ACTION CODE</td> <td>20. EMPLOY CODE</td> <td>21. OFFICE CODING</td> <td>22. STATION CODE</td> <td>23. INTEGRAL CODE</td> <td>24. HOURS CODE</td> <td>25. DATE OF BIRTH</td> <td>26. DATE OF GRADE</td> <td>27. DATE OF LET</td> </tr> <tr> <td>22</td> <td>10</td> <td>46075 NE</td> <td>75013</td> <td></td> <td>1</td> <td>03 12 78</td> <td>03 12 78</td> <td></td> </tr> <tr> <td>28. TIME EXPIRES</td> <td>29. SPECIAL REFERENCE</td> <td>30. RETIREMENT DATA</td> <td>31. SEPARATION DATA CODE</td> <td>32. CURRENT/COMPLETION DATA</td> <td>33. SECURITY REG NO</td> <td>34. SEX</td> <td colspan="2"></td> </tr> <tr> <td>MO DA YR</td> <td>1. CSC 2. CNA 3. NDA</td> <td>CODE</td> <td></td> <td>TYPE MO DA YR</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>35. VET PREFERENCE</td> <td>36. SERV COMP DATE</td> <td>37. LONG COMP DATE</td> <td>38. CAREER CATEGORY</td> <td>39. PEGU / HEALTH INSURANCE</td> <td>40. SOCIAL SECURITY NO</td> <td colspan="3"></td> </tr> <tr> <td>CODE</td> <td>0. NONE 1. 5 YR 2. 10 YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>CODE CODE 0. WAGER 1. YES 2. NO</td> <td>HEALTH INS CODE</td> <td colspan="3"></td> </tr> <tr> <td>41. PREVIOUS CIVILIAN GOVERNMENT SERVICE</td> <td>42. HEART CAT CODE</td> <td>43. FEDERAL TAX DATA</td> <td>44. STATE TAX DATA</td> <td colspan="5"></td> </tr> <tr> <td>CODE</td> <td>0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS</td> <td>FORM EXECUTED 1. YES 2. NO</td> <td>FORM EXECUTED 1. YES 2. NO</td> <td>FORM EXECUTED 1. YES 2. NO</td> <td>FORM EXECUTED 1. YES 2. NO</td> <td>CODE</td> <td>NON-TAX EXEMPT</td> <td>STATE CODE</td> </tr> </table> </div>				19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET	22	10	46075 NE	75013		1	03 12 78	03 12 78		28. TIME EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CURRENT/COMPLETION DATA	33. SECURITY REG NO	34. SEX			MO DA YR	1. CSC 2. CNA 3. NDA	CODE		TYPE MO DA YR					35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. PEGU / HEALTH INSURANCE	40. SOCIAL SECURITY NO				CODE	0. NONE 1. 5 YR 2. 10 YR	MO DA YR	MO DA YR	CODE CODE 0. WAGER 1. YES 2. NO	HEALTH INS CODE				41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. HEART CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						CODE	0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS	FORM EXECUTED 1. YES 2. NO	FORM EXECUTED 1. YES 2. NO	FORM EXECUTED 1. YES 2. NO	FORM EXECUTED 1. YES 2. NO	CODE	NON-TAX EXEMPT	STATE CODE
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET																																																																			
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SIGNATURE OR OTHER AUTHENTICATION <div style="text-align: right; margin-top: 20px;">               MAR 22 1978              J. L. SMITH           </div>																																																																											

 FORM 1150  
5-74 Mfg 10-74

 Use Previous  
Edition

**SECRET**

82 IMPDET CL BY 00722 (1-51)

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	WGI	QSI
		24070	11/23/75			24799	11/20/77		
12	6	52		12	5	52			
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				15 Sept 1977					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				APPROVED BY					
FORM 10-73 560E				The previous editions PAY CHANGE NOTIFICATION (4 51)					

NEW 3 SEP 77  
 11:45 C  
 CLAN

LJF 110977

SECRET  
(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND CANCELLATION OF NSCA		4. EFFECTIVE DATE MO DA YR 07 11 77	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. PAN AND NSCA 8033 4801 0000 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE RECORDS ADMIN OFF		12. POSITION NUMBER CG45	13. SERVICE DESIGNATION DCC
14. CLASSIFICATION SCHEDULE (GS, WG, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE 24070

18. REMARKS  
THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77.

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 48075 ALPHABETIC NE	22. STATION CODE 75013	23. INTERVIEW CODE	24. MGRS CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CMC 2. COW 3. HCA 4. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CANCELLATION DATA TYPE MO DA YR	EOD DATA		33. SECURITY REQ. NO.	34. SEX
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CAR BRIV PROV IMP	39. FEELI / HEALTH INSURANCE CODE 0 - NO 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO					

FROM: CCS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

NOV 18 1977

All

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

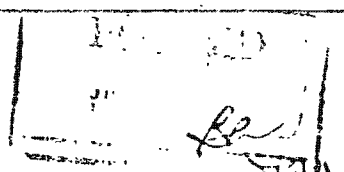
NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
		CCS	GS 12 4	\$24,070

15648



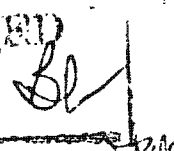
KKK: 22 JULY 76

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT - CHANGE OF HOME BASE					4. EFFECTIVE DATE MO DA YR 07 13 76		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		X		V TO V		V TO CF		7. PAN AND NBGA	
				CF TO V		CF TO CF		T230 0118 0002	
8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY					10. LOCATION OF OFFICIAL STATION WASH., D.C.				
11. POSITION TITLE RECORDS ADMIN OFF CH					12. POSITION NUMBER BL44		13. SERVICE DESIGNATION DCC		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 12 4		17. SALARY OR RATE 21324		
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 39115 CCS		22. STATION CODE 75013		23. INTEREST CODE 1	
24. DATE EXPIRES MO DA YR		25. SPECIAL REFERENCE		26. RETIREMENT DATA 1. CSC 2. C.A. 3. F.C.A. 4. NONE		27. SEPARATION DATA CODE		28. CORRECTION / CANCELLATION DATA YES MO DA YR	
29. VET PREFERENCE CODE 1. YES 2. NO		30. SERV. COMP. DATE MO DA YR		31. LONG. COMP. DATE MO DA YR		32. CAREER CATEGORY CODE 1. YES 2. NO		33. HEALTH INSURANCE CODE 1. YES 2. NO	
34. SOCIAL SECURITY NO.		35. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 1 YR) 4. BREAK IN SERVICE (MORE THAN 1 YR)		36. LEAVE CAT. CODE		37. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO		38. STATE TAX DATA FORM EXECUTED 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION									
									

AEO:13 AUG 76

SECRET  
(When Filled In)

OCCF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CHANGE OF FAN						08 09 76		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. PAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		T230 0130 0002		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
DDO/CCS REGISTRY						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN OFF CH						BL44		DCC			
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF RATE			
GS				0344.01		12 4		21324			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. HOURS CODE	
37		10		39115 CCS		73013		1			
25. HRS EXEMPT		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CONTINUED EMPLOYMENT DATA		30. SECURITY REQ NO.	
MO DA YE				1 CSC 2 CUB 3 FICA 4 SOCIAL				MO DA YE		31 SEX	
31. PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. PERSONAL HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CSCA		MO DA YE		MO DA YE		CAB PROV LEAD		CSCA CSCA CSCA		37. HEALTH INS CODE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE				39. LEAVE CAT CODE		40. FEDERAL TAX DATA				41. STATE TAX DATA	
1. NO PREVIOUS SERVICE 2. NO LEAVE IN SERVICE 3. LEAVE IN SERVICE (YES FROM 1 YES) 4. LEAVE IN SERVICE (MORE THAN 1 YES)						42. FEDERAL TAX DATA 1 YES 2 NO				43. STATE TAX DATA 1 YES 2 NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <b>POSTED</b>    AUG 1976 </div>											

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT		MO DA YR 01 23 76			
6. FUNDS	7. FAN AND NSCA	8. CSC OR OTHER LEGAL AUTHORITY			
V TO V	V TO CF	6230 0118 0002			
CF TO V	CF TO CF				
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDO/CCS		WASH., D.C.			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADMIN OF CM		6144		DAC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0344.01		12	
16. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					
<div style="text-align: right;">30 ACJ</div>					

NAME		GRADE		STEP		SALARY		EFFECTIVE DATE		TYPE ACTION	
[Redacted]		39 115		GS 12 3		20678		11/24/74		[Redacted]	
OLD SALARY RATE		NEW SALARY RATE		EFFECTIVE DATE		SI		ADJ			
Grade Step Salary		Grade Step Salary		EFFECTIVE DATE		SI		ADJ			
GS 12 3 20678		GS 12 4 21324		11/23/75							
CERTIFICATION AND AUTHENTICATION											
I CERTIFY				THE FOLLOWING IS OF ACCEPTABLE LEVEL OF COMPETENCE							
SIGNATURE				DATE				12 Sept 1975			
<input checked="" type="checkbox"/> NO EXCESS (WOP) <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERKS INITIALS: [Handwritten initials]											
FORM 560E Use previous editions PAY CHANGE NOTIFICATION (4-51)											

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[Redacted]	39 115	V	GS 12 4	222,485	

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	39 115	V	GS 12 3	20,678

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE				5 CATEGORY OF EMPLOYMENT					
PROMOTION		11   24   74				REGULAR					
FUNDS		X		V TO V		V TO CF		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5230 0121 0002		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DCC/CCS REGISTRY						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN. GE. CH.						0001		DAC			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		12 3		19003			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
22		10		NUMERIC ALPHABETIC 39113 CCG		75043		1		11   24   74	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST		28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
11   24   74		11   24   74		11   24   74		11   24   74		11   24   74		11   24   74	
31. SEPARATION DATA CODE		32. CORRECTION / CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEC		35. VET PREFERENCE		36. SERV COMP DATE	
1		1		1		1		1		1	
37. CAREER CATEGORY		38. REG. / HEALTH INSURANCE		39. SOCIAL SECURITY NO.		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA		42. STATE TAX DATA	
1		1		1		1		1		1	
43. FORM EXECUTED		44. NOT TAX EXEMPTION		45. FORM EXECUTED		46. CODE		47. NO. TAX EXEMPTION		48. STATE CODE	
1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
49. PREVIOUS CIVILIAN GOVERNMENT SERVICE						50. SIGNATURE OR OTHER AUTHENTICATION					
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS.) 3. BREAK IN SERVICE (MORE THAN 3 YRS.)											

BBG: 19 SEPT 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
3 NATURE OF PERSONNEL ACTION									
REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA									
4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT							
MO DA YR		REGULAR							
09 19 73									
6 FUNDS		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY					
X		4230 0121 0002		50 USC 403 J					
9 ORGANIZATIONAL DESIGNATIONS									
10 LOCATION OF OFFICIAL STATION									
DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC									
WASH., D.C.									
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION			
RECORDS ADMIN OF CH				0061		D			
14 CLASSIFICATION SCHEDULE (GGS 18-65)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE		
GS			0344.01		11 6		16326		
18 REMARKS									
W-2 INFO: CIA									
HOME BASE: SS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRITY CODE	24 MODIFI CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LER	
16	10	35100	CCS	75013					
28 INT EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction / Conviction Date	33 SECURITY REQ NO	34 SER			
MO DA YR	1 2 3	1 CSC 2 CUB 3 FIA 4 NONE	CODE	TIME	MO DA YR				
XX XX XX					EOD DATA				
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO				
CODE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	MO DA YR	MO DA YR	CODE	CODE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA						
CODE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
SIGNATURE OR OTHER AUTHENTICATION									
FROM: EUR									
POSTED 9-30-73 [Signature]									

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5325 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME

SERIAL ORGN. FUNDS GR-STEP

NEW  
SALARY

[REDACTED] 39 115 V GS 11 6

\$19,061

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

[REDACTED] 42300121

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	39	115	V	GS 11 6	\$17,116

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER  
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	750	CF GS 10 7	\$15,331

OF PAY ADJUSTMENT CORRECTED FROM  
11777, DATED 12 APR 1974.



SECRET

(When Filled In)

LML: 13 FEB 73

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO DA YR 02 04 73		REGULAR			
6. FUNDS		V TO V		V TO OF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO OF		3135 1267 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUROPEAN DIVISION FOREIGN FIELD											
SUPPORT BRANCH											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OF						0699		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		11 E		16326			
18. REMARKS											
HOME BASE: IS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERNAL CODE		24. REPORT CODE	
22		10		44750 EUR		36533				3	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LES	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
02 03 74		02 04 73		02 04 73		02 04 73		02 04 73		02 04 73	
31. SECURITY		32. SEX		33. RETIREMENT DATA		34. SPECIAL REFERENCE		35. SPECIAL REFERENCE		36. SPECIAL REFERENCE	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
02 03 74		81		81		81		81		81	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA		42. STATE TAX DATA	
CODE		CODE		CODE		CODE		CODE		CODE	
0 - NONE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
1 - 5 PT											
2 - 10 PT											
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE		44. LEAVE CAT. CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. SOCIAL SECURITY NO		48. SOCIAL SECURITY NO	
CODE		CODE		CODE		CODE		CODE		CODE	
1 - NO PREVIOUS SERVICE											
2 - BREAK IN SERVICE LESS THAN 3 YRS											
3 - BREAK IN SERVICE MORE THAN 3 YRS											
SIGNATURE OF OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <i>Don</i> </div>											

FORM 568

11-0  
May 11 73

Use Previous Edition

SECRET

LML

 1. To be filled in by the personnel office.  
 2. To be filled in by the personnel office.  
 3. To be filled in by the personnel office.

When Filled In

15

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND  
EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR	STEP	NEW SALARY
		44	750	CP	GS 10 7	\$14,581

23 MAY 1971.

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

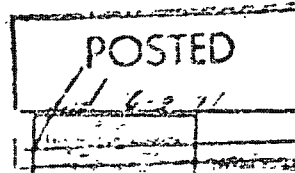
OCT

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS</b>			4. EFFECTIVE DATE MO DA YR <b>05 30 71</b>
			5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	V TO V	X	V TO CF
	CF TO V		CF TO CF
7. Financial Analysis No. Chargeable			8. CSC OR OTHER LEGAL AUTHORITY
<b>1136 1267 0000</b>			<b>50 USC 403 J</b>
9. ORGANIZATION <b>DDP/EUR DIVISION FOREIGN FIELD</b>		10. LOCATION OF OFFICIAL STATION	
<b>SUPPORT BRANCH</b>			
11. POSITION TITLE <b>RECORDS ADM OF</b>		12. POSITION NUMBER <b>0699</b>	13. SERVICE DESCRIPTION <b>0</b>
14. CLASSIFICATION SCHEDULE (GSA, US, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0344.01</b>	16. GRADE AND STEP <b>10 7</b>	17. SALARY OR RATE <b>13821</b>
18. REMARKS			
HOME BASE: EUR			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>20</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODE <b>44525</b>	22. STATION CODE <b>EUR</b>
23. DATE OF ACTION <b>05 29 71</b>	24. DATE OF BIRTH <b>3</b>	25. DATE OF GRADE <b>3</b>	26. DATE OF LEI <b>3</b>
27. DATE OF BIRTH <b>05 29 71</b>	28. DATE OF GRADE <b>3</b>	29. DATE OF LEI <b>3</b>	30. DATE OF LEI <b>3</b>
31. VET PREFERENCE	32. LEAVE CAT	33. LEAVE CAT	34. LEAVE CAT
35. VET PREFERENCE	36. LEAVE CAT	37. LEAVE CAT	38. LEAVE CAT
39. VET PREFERENCE	40. LEAVE CAT	41. LEAVE CAT	42. LEAVE CAT
43. VET PREFERENCE	44. LEAVE CAT	45. LEAVE CAT	46. LEAVE CAT
47. VET PREFERENCE	48. LEAVE CAT	49. LEAVE CAT	50. LEAVE CAT
51. VET PREFERENCE	52. LEAVE CAT	53. LEAVE CAT	54. LEAVE CAT
55. VET PREFERENCE	56. LEAVE CAT	57. LEAVE CAT	58. LEAVE CAT
59. VET PREFERENCE	60. LEAVE CAT	61. LEAVE CAT	62. LEAVE CAT
63. VET PREFERENCE	64. LEAVE CAT	65. LEAVE CAT	66. LEAVE CAT
67. VET PREFERENCE	68. LEAVE CAT	69. LEAVE CAT	70. LEAVE CAT
71. VET PREFERENCE	72. LEAVE CAT	73. LEAVE CAT	74. LEAVE CAT
75. VET PREFERENCE	76. LEAVE CAT	77. LEAVE CAT	78. LEAVE CAT
79. VET PREFERENCE	80. LEAVE CAT	81. LEAVE CAT	82. LEAVE CAT
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87. VET PREFERENCE	88. LEAVE CAT	89. LEAVE CAT	90. LEAVE CAT
91. VET PREFERENCE	92. LEAVE CAT	93. LEAVE CAT	94. LEAVE CAT
95. VET PREFERENCE	96. LEAVE CAT	97. LEAVE CAT	98. LEAVE CAT
99. VET PREFERENCE	100. LEAVE CAT	101. LEAVE CAT	102. LEAVE CAT
SIGNATURE OR OTHER AUTHENTICATION			

FORM 1150  
1-68USE PREVIOUS  
EDITION

SECRET

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ARS: 11 MARCH 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CHANGE OF FAN				02 15 71		REGULAR					
6. FUNDS		X		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
				CF TO V		CF TO CF		1236 1166 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
OJP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION			
RECORDS ADM OFFICER				9957				D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP		17. SALARY OR RATE	
GS				0344.01				10 7		13621	
18. REMARKS											
OTHER											
HOME BASE: EUR											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. MIDDY CODE	
37		16		NUMERIC ALPHABETIC		44997 EUR 75013					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LEI		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LEI	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LEI		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LEI	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LEI		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LEI	
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61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LEI		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LEI	
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85. DATE OF BIRTH		86. DATE OF GRADE		87. DATE OF LEI		88. DATE OF BIRTH		89. DATE OF GRADE		90. DATE OF LEI	
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103. DATE OF BIRTH		104. DATE OF GRADE		105. DATE OF LEI		106. DATE OF BIRTH		107. DATE OF GRADE		108. DATE OF LEI	
109. DATE OF BIRTH		110. DATE OF GRADE		111. DATE OF LEI		112. DATE OF BIRTH		113. DATE OF GRADE		114. DATE OF LEI	
115. DATE OF BIRTH		116. DATE OF GRADE		117. DATE OF LEI		118. DATE OF BIRTH		119. DATE OF GRADE		120. DATE OF LEI	
121. DATE OF BIRTH		122. DATE OF GRADE		123. DATE OF LEI		124. DATE OF BIRTH		125. DATE OF GRADE		126. DATE OF LEI	
127. DATE OF BIRTH		128. DATE OF GRADE		129. DATE OF LEI		130. DATE OF BIRTH		131. DATE OF GRADE		132. DATE OF LEI	
133. DATE OF BIRTH		134. DATE OF GRADE		135. DATE OF LEI		136. DATE OF BIRTH		137. DATE OF GRADE		138. DATE OF LEI	
139. DATE OF BIRTH		140. DATE OF GRADE		141. DATE OF LEI		142. DATE OF BIRTH		143. DATE OF GRADE		144. DATE OF LEI	
145. DATE OF BIRTH		146. DATE OF GRADE		147. DATE OF LEI		148. DATE OF BIRTH		149. DATE OF GRADE		150. DATE OF LEI	
151. DATE OF BIRTH		152. DATE OF GRADE		153. DATE OF LEI		154. DATE OF BIRTH		155. DATE OF GRADE		156. DATE OF LEI	
157. DATE OF BIRTH		158. DATE OF GRADE		159. DATE OF LEI		160. DATE OF BIRTH		161. DATE OF GRADE		162. DATE OF LEI	
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175. DATE OF BIRTH		176. DATE OF GRADE		177. DATE OF LEI		178. DATE OF BIRTH		179. DATE OF GRADE		180. DATE OF LEI	
181. DATE OF BIRTH		182. DATE OF GRADE		183. DATE OF LEI		184. DATE OF BIRTH		185. DATE OF GRADE		186. DATE OF LEI	
187. DATE OF BIRTH		188. DATE OF GRADE		189. DATE OF LEI		190. DATE OF BIRTH		191. DATE OF GRADE		192. DATE OF LEI	
193. DATE OF BIRTH		194. DATE OF GRADE		195. DATE OF LEI		196. DATE OF BIRTH		197. DATE OF GRADE		198. DATE OF LEI	
199. DATE OF BIRTH		200. DATE OF GRADE		201. DATE OF LEI		202. DATE OF BIRTH		203. DATE OF GRADE		204. DATE OF LEI	
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211. DATE OF BIRTH		212. DATE OF GRADE		213. DATE OF LEI		214. DATE OF BIRTH		215. DATE OF GRADE		216. DATE OF LEI	
217. DATE OF BIRTH		218. DATE OF GRADE		219. DATE OF LEI		220. DATE OF BIRTH		221. DATE OF GRADE		222. DATE OF LEI	
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247. DATE OF BIRTH		248. DATE OF GRADE		249. DATE OF LEI		250. DATE OF BIRTH		251. DATE OF GRADE		252. DATE OF LEI	
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259. DATE OF BIRTH		260. DATE OF GRADE		261. DATE OF LEI		262. DATE OF BIRTH		263. DATE OF GRADE		264. DATE OF LEI	
265. DATE OF BIRTH		266. DATE OF GRADE		267. DATE OF LEI		268. DATE OF BIRTH		269. DATE OF GRADE		270. DATE OF LEI	
271. DATE OF BIRTH		272. DATE OF GRADE		273. DATE OF LEI		274. DATE OF BIRTH		275. DATE OF GRADE		276. DATE OF LEI	
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301. DATE OF BIRTH		302. DATE OF GRADE		303. DATE OF LEI		304. DATE OF BIRTH		305. DATE OF GRADE		306. DATE OF LEI	
307. DATE OF BIRTH		308. DATE OF GRADE		309. DATE OF LEI		310. DATE OF BIRTH		311. DATE OF GRADE		312. DATE OF LEI	
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325. DATE OF BIRTH		326. DATE OF GRADE		327. DATE OF LEI		328. DATE OF BIRTH		329. DATE OF GRADE		330. DATE OF LEI	
331. DATE OF BIRTH		332. DATE OF GRADE		333. DATE OF LEI		334. DATE OF BIRTH		335. DATE OF GRADE		336. DATE OF LEI	
337. DATE OF BIRTH		338. DATE OF GRADE		339. DATE OF LEI		340. DATE OF BIRTH		341. DATE OF GRADE		342. DATE OF LEI	
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385. DATE OF BIRTH		386. DATE OF GRADE		387. DATE OF LEI		388. DATE OF BIRTH		389. DATE OF GRADE		390. DATE OF LEI	
391. DATE OF BIRTH		392. DATE OF GRADE		393. DATE OF LEI		394. DATE OF BIRTH		395. DATE OF GRADE		396. DATE OF LEI	
397. DATE OF BIRTH		398. DATE OF GRADE		399. DATE OF LEI		400. DATE OF BIRTH		401. DATE OF GRADE		402. DATE OF LEI	
403. DATE OF BIRTH		404. DATE OF GRADE		405. DATE OF LEI		406. DATE OF BIRTH		407. DATE OF GRADE		408. DATE OF LEI	
409. DATE OF BIRTH		410. DATE OF GRADE		411. DATE OF LEI		412. DATE OF BIRTH		413. DATE OF GRADE		414. DATE OF LEI	
415. DATE OF BIRTH		416. DATE OF GRADE		417. DATE OF LEI		418. DATE OF BIRTH		419. DATE OF GRADE		420. DATE OF LEI	
421. DATE OF BIRTH		422. DATE OF GRADE		423. DATE OF LEI		424. DATE OF BIRTH		425. DATE OF GRADE		426. DATE OF LEI	
427. DATE OF BIRTH		428. DATE OF GRADE		429. DATE OF LEI		430. DATE OF BIRTH		431. DATE OF GRADE		432. DATE OF LEI	
433. DATE OF BIRTH		434. DATE OF GRADE		435. DATE OF LEI		436. DATE OF BIRTH		437. DATE OF GRADE		438. DATE OF LEI	
439. DATE OF BIRTH		440. DATE OF GRADE									

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	997	V GS. 10 7	\$13,821

ARS: 27 JAN 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
OKF									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS-CORRECTION				4. EFFECTIVE DATE MO DA YR 01 10 71		5. CATEGORY OF EMPLOYMENT REGULAR			
A. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
X		CF TO V		CF TO CF		1234 1186 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OFFICER				9997		D			
14. CLASSIFICATION-SCHEDULE (GS, BR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0344.01		10 7		13821			
18. REMARKS THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. UTILITY CODE	24. RIGHTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
58	18	NUMERIC ALPHABETIC 44397 EUR		75013		1			
29. NTE EXP RES		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction/Conciliation Done		33. SECURITY REQ PAD		34. SEA
					16 12 13 70		EOD DATA		
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE	38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
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SECRET

(When Filled In)

AIRC: 11 DEC 70

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## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS			
4. EFFECTIVE DATE MO DA YR 12 13 70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V X		7. Financial Analysis No. Chargeable 1236 1186 0000	
8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DCP/EUR DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE RECORDS ADM OFF		12. POSITION NUMBER 9997	
13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01	
16. GRADE AND STEP 10 7		17. SALARY OR RATE 13041	
18. REMARKS OTHER  HOME BASE: EUR			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 16	20. EMPLOY CODE 18	21. OFFICE CODE NUMERIC 44597 ALPHABETIC EUR	22. STATION CODE 75013
23. DATE EMPLOYED MO DA YR	24. SPECIAL REFERENCE	25. RETIREMENT DATA 1. CODE 2. DA 3. PAY 4. NAME	26. SEPARATION DATA CODE
27. JET PREFERENCE	28. SERV COMP DATE MO DA YR	29. LONG COMP DATE MO DA YR	30. CAREER CATEGORY CAP PROF TEMP
31. PREVIOUS MILITARY GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS) 4. BREAK IN SERVICE (MORE THAN 3 YRS)	32. LEAVE CAT CODE	33. FEDERAL TAX DATA 1. YES 2. NO	34. STATE TAX DATA 1. YES 2. NO
35. SIGNATURE OR OTHER AUTHENTICATION			

POSTED

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FORM 150  
1-66  
MAY 6-73Use Previous  
Edition

SECRET

BBG

BELL SYSTEM  
Employees  
Transferring and  
Discontinuing

(When Filled In)

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP MONTHS	
				44 525		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADD.
GS 10	6	\$12,679	07/28/68	GS 10	7	\$13,041	07/26/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>[Signature]</i>						6/23/70			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLEAR INITIALS				APPROVED BY					
FORM 7-66 560 E Use previous editions				PAY CHANGE NOTIFICATION				<i>[Signature]</i> (4-81)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	525	CF GS 10 6	\$12,679

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 213 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1949

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	525	CF GS 10 7	\$11,942



SECRET

(When Filled In)

4 NOV 68

## NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT		11   04   68	REGULAR
6. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable
CF TO V	X	CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY
		9136 1214 0000	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/EUR FOREIGN FIELD			
SUPPORT BRANCH REGISTRY SECTION			
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
RECORDS ADM OF		0254	D
14. CLASSIFICATION SCHEDULE (OS, IS, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0344.01	10 6	10847
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
37	10	44525 EUR	21025
23. DATE EXPIRES	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
11   03   70	83		
27. VET PREFERENCE	28. SERV COMP DATE	29. LONG COMP DATE	30. CAREER CATEGORY
31. PREVIOUS CIVILIAN GOVERNMENT SERVICE	32. LEAVE CAT CODE	33. FEDERAL TAX DATA	34. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
FROM FE			

FORM 5-66 1150  
May 10-67

Use Previous Edition

SECRET

SF

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

VD: 16 AUG 68

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

DCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
PROMOTION		07   28   68	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. Financial Analysis No. Chargeable	
V TO V CF TO V		9137 1487 0000	
8. CSC OR OTHER LEGAL AUTHORITY		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/FE FOREIGN FIELD FE/VNO VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT		SAIGON, SOUTH VIET NAM	
11. POSITION TITLE		12. POSITION NUMBER	
RECORDS ADMIN OF		4984	
13. SERVICE DESIGNATION		D	
14. CLASSIFICATION SCHEDULE (OS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS		0344.01	
16. GRADE AND STEP		17. SALARY OR RATE	
10 6		10847	
18. REMARKS			
RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
22	10	NUMERIC 45500 ALPHABETIC FE	77205
23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LES	26. DATE OF BIRTH
07   28   68	07   28   68	07   28   68	07   28   68
27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LES	30. DATE OF BIRTH
07   28   68	07   28   68	07   28   68	07   28   68
31. SECURITY RTO NO	32. SECURITY RTO NO	33. SECURITY RTO NO	34. SECURITY RTO NO
35. VET PREFERENCE	36. SERV. COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
CODE	MO DA YR	MO DA YR	CAR SERV
1. YES 2. NO			
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE	40. LEAVE CAT. CODE	41. FEDERAL TAX DATA	42. STATE TAX DATA
CODE	CODE	CODE	CODE
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS) 4. BREAK IN SERVICE (MORE THAN 3 YRS)	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
16/6/68

-44 1150  
66 May 10-67Use Previous  
Edition

SECRET

FVD

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45	500	CF	GS 09 7	\$ 9,668	\$10,154

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

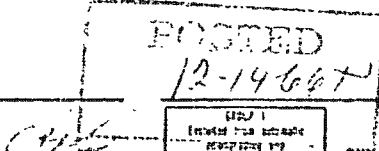
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45	500	CF	GS 09 7	\$ 9,202	\$ 9,668

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
3. NATURE OF PERSONNEL ACTION									
4. EFFECTIVE DATE									
5. CATEGORY OF EMPLOYMENT									
6. FUNDS									
7. FINANCIAL ANALYSIS NO. CHARGEABLE									
8. CSC OR OTHER LEGAL AUTHORITY									
9. ORGANIZATIONAL DESIGNATIONS									
10. LOCATION OF OFFICIAL STATION									
11. POSITION TITLE									
12. POSITION NUMBER									
13. CAREER SERVICE DESIGNATION									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)									
15. OCCUPATIONAL SERIES									
16. GRADE AND STEP									
17. SALARY OR RATE									
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

MRT: 9 DEC 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						MO: DA: YR		REGULAR			
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
V TO V						7137 1566 0000		PL 88-643 SECT. 203			
CF TO V						X		CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOP/FE						Saigon, South Viet Nam					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
								D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
						09					
18. REMARKS											
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MOBILE CODE	
				NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI							
MO DA YR		MO DA YR		MO DA YR							
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
MO DA YR				1 - CSC 2 - FICA 3 - NONE		CODE		TYPE		MO DA YR	
				2				EOD DATA			
34. VET. PREFERENCE		35. SERV COMP DATE		36. LONG COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						CAR 11% PROV 15%		0 - WAIVER 1 - YES		HEALTH INS CODE	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. CODE		42. FEDERAL TAX DATA				43. STATE TAX DATA	
CODE						FORM EXECUTED CODE				FORM EXECUTED CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">             POSTED            12-14-66            (When Filled In)         </div>											

FORM 11-62 1150

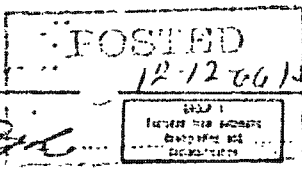
Use Previous Edition

SECRET

 (SEE)  
 Insert the appropriate  
 SECURITY TAG  
 (When Filled In)

MRT: 8 DEC 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				12   08   66		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7137 1487 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION						SAIGON, SOUTH VIET NAM					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN OF						4127		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0344.01			09 7		9262			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. INDUSTRY CODE	
37		10		45500 FE		77205		3			
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. CORRECTION/COMPLETION DATA		29. SECURITY REQ NO.		30. SEX	
MO DA YR		MO DA YR		MO DA YR		TYPE MO DA YR		EOD DATA			
31. VET. PREFERENCE		32. SERV. COMP. DATE		33. LONG. COMP. DATE		34. CAREER CATEGORY		35. FEI/1/ HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CAN DESV		CODE		CODE	
0 - NONE 1 - 5 PT. 2 - 10 PT.						SPON TEMP		CODE		CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED CODE		FORM EXECUTED		CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						NO TAX EXEMPTIONS		1 - YES 2 - NO		CODE	
										STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

 GROUP 1  
 Excluded from automatic  
 downgrading and  
 declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45 380	CF	GS 09 7		\$ 9,003	\$ 9,262

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	88719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										
PAY CHANGE NOTIFICATION										

Form 560

Obtain from  
Edition

(4-51)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	88719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 2 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
	45 380	CF	GS	09 3	\$ 8,200	\$ 8,495

12

10F

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
				45 380 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS	09	3	11/10/63	GS	09	6	11/07/65
7. TYPE ACTION							
7/12 4 5/18 NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE: 11 October 65 PAY CHANGE NOTIFICATION							

Form 9-61 500



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

ADPD 09/18/64

1 SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE)

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 EFFECTIVE DATE

MO DA YR  
09 18 64

5 CATEGORY OF EMPLOYMENT

6 FUNDS

V TO V

V DP D

D TO V

X

D DP D

7 COST CENTER NO. CHARGEABLE

5137 1966 0000

8 CSC OR OTHER LEGAL AUTHORITY

9 ORGANIZATION (OFFICE/SECTION)

DDP/FE DIVISION

CEN REG REC

10 LOCATION OF OFFICIAL STATION

11 POSITION TITLE

INTEL ANALYST CM

12 POSITION NUMBER

4466

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15 OCCUPATIONAL SERIES

0132.39

16 GRADE AND STEP

09

17 SALARY OR RATE

18 REMARKS

SIGNATURE OF OTHER AUTHENTICATION

POSTED

9/24/64 MOK

Form 11201  
1-63 MAG 1-63Use Previous  
Edition**SECRET**

14-00000  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-511

**SECRET**  
(When Filled In)

AES: 16 MARCH 61

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*				4. EFFECTIVE DATE MO DA YR 03 19 61		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		X		V TO CF		7. COST CENTER NO. CHARGEABLE	
		CF TO V				CF TO CF		1137 7351 1000	
8. CSC OR OTHER LEGAL AUTHORITY		50 USC 403 d							
9. ORGANIZATIONAL DESIGNATIONS DDP FE OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SEC				10. LOCATION OF OFFICIAL STATION					
11. POSITION TITLE INTEL ANALYST GEN				12. POSITION NUMBER 3061		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS		15. OCCUPATIONAL SERIES 0132.36		16. GRADE AND STEP 09 3		17. SALARY OR RATE 6765			
18. REMARKS *SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 56380 FE		22. STATION CODE 37587	23. INTERSEE CODE 3	24. INDTL CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES
28. VET EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA EOD DATA	33. SECURITY REQ NO		34. SEC	
35. VET PREFERENCE	36. SERV. COMP. DATA	37. LONG COMP. DATE	38. MIL. SERV. CREDIT/LED	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
45. NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		46. FORMER EXEMPTED CODE 1 - YES 2 - NO		47. NO TAX EXEMPTIONS		48. FORMER EXEMPTED 1 - YES 2 - NO		49. NO TAX STATE CODES	
SIGNATURE OR OTHER AUTHENTICATION									
<div align="right"> <b>POSTED</b>  03/22/61 RK </div>									

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
	49	380	CF	05 09 5	\$ 7,975	\$ 7,990

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				56 380 CF 11						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PM	LSI	ADJ.
GS 09	4	\$ 7,390	11/12/61	GS 09	5	\$ 7,975	11/10/62			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>11/14/63</i>										
PAY CHANGE NOTIFICATION										

Form 9-61 560

Obsolete Formwork Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
DCI MEMORANDUM DATED 1 AUGUST 1964, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
	5438	CF	06 4	5 6950	09 4	\$ 7380

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			DD	MM	YY				DD	MM	YY
GS 00	2	\$ 6,600	11	15	59	GS 00	2	\$ 6,745	11	13	60

**TO BE COMPLETED BY THE OFFICE OF COMPTROLLER**

8. CHECK ONE ☒ NO EXCESS LWOP ☐ EXCESS LWOP  
 IF EXCESS LWOP, CHECK FOLLOWING:  
☐ IN PAY STATUS AT END OF WAITING PERIOD  
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

**TO BE COMPLETED BY THE OFFICE OF PERSONNEL**

12. TYPE OF ACTION  
☐ P.O.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS

14. AUTHENTICATION

**SECRET**

**PAY CHANGE NOTIFICATION**

FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET OFFICIAL PERSONNEL FOLDER (41)

**SECRET**  
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
		DDP/FF 11 UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	00	3	\$ 6,765	11/13/60	GS	00	4	\$ 6,930	11/12/61	

8. Remarks and Authentication

/ / NO EXCESS LWOP  
 / / IN PAY STATUS AT END OF WAITING PERIOD  
 / / IN LWOP STATUS AT END OF WAITING PERIOD

**SECRET**

**PAY CHANGE NOTIFICATION**

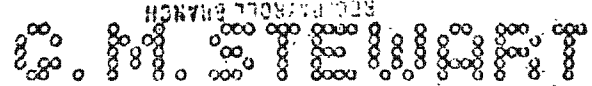
FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET (4-31)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO NAME SERIAL ORGN GR-ST OLD SALARY NEW SALARY

01 [ ] [ ] 51 12 GS-00 2 \$ 6,135 \$ 6,600

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGN.		4. FUNDS		5. ALLOTMENT	
				DDP/FE /		V-20		-37	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA.	YR.				MO DA. YR.
GS 9	1	\$ 5,984	11	16	58	GS 9	2	\$ 6,135	11 15 59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LWOP, CHECK FOLLOWING:									
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. TYPE OF ACTION						13. REMARKS			
<input type="checkbox"/> P.R.I. <input type="checkbox"/> S.S.I. <input type="checkbox"/> PAY ADJUSTMENT									
14. AUTHENTICATION									
SS. WARDEN OF E. MCH HONORARY TROOPMASTER  <b>PAY CHANGE NOTIFICATION</b>									

FORM 560

560. OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
MCM 20 MAR 59															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD		
						Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code		Mo. Da. Yr.		
									1		M 1		04 21 52		
7. SCU		8. CSC Netml.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <small>act. serv. from 100</small>		
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.		
11 12 48		1		50 USCA 403					1		04 21 52		2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE FE/ SUPPORT BRANCH				5161						57557	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USAd - 4 Frgh - 6		Code		3382		GS		0306.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3780 55 006	

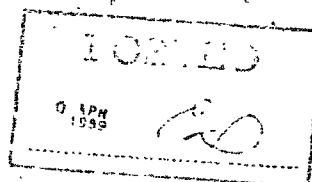
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO VOUCHERED FUNDS		01		03 22 59		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE OFFICE OF THE CHIEF SECRETARIAT				5112		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USAd - 4 Frgh - 6		Code		2461		GS		0306.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3700 20 001	

44. Remarks



SECRET  
(When released to)

NOTIFICATION OF PERSONNEL ACTION														
MCM 14 NOV 58														
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet Pref.		5. Sex		6. CS - EOD		
					Mo.   Da.   Yr.			None-0 5 Pt-1 10 Pt-9		Code		Mo.   Da.   Yr.		
								1		M 1		04   21   52		
7. SED		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. mil. Serv. Credit, Lda.	
Mo.   Da.   Yr.		Yes-1 No-2		Code			Mo.   Da.   Yr.		Yes-1 No-2		Code		Mo.   Da.   Yr.	
11   12   48		No-2		1			50 USCA 403 J		No-2		04		21   52   No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE BRANCH 3				5161						57557	
ADMIN SEC											
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USMld - 3 Frqn - 5		Code		RECORDS MGMT ANALYST		3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 4		\$ 5430		01		Mo.   Da.   Yr.		Mo.   Da.   Yr.		8 3780 55 006	
						04   10   55		04   06   58			

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		11   16   58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE FE SUPPORT BRANCH				5161						57557	
33. Dept. Field				34. Position Title		35. Position No.		36. Serv.		37. Occup. Series	
Dept - 1 USMld - 3 Frqn - 5				Code		RECDS MGMT ANAL		3382		GS 0306.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		01		Mo.   Da.   Yr.		Mo.   Da.   Yr.		9 3780 55 006	
						11   16   58		11   15   59			

44. Remarks

POSTED

20 NOV 1958

22B



## S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME SERIAL GRADE-STEP OLD SALARY NEW SALARY

GS-07-4 \$ 4,930 \$ 5,430

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

S E C R E T

S E C R E T

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAB.		4. PURVS		5. ALLOTMENT	
				DDP/FE		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
GS 7	3	\$ 4,795	04	07	57	GS 7	4	\$ 4,930	04 06 58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
17. EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					10. INITIALS OF CLERK				
					11. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO.	DA.	YR.				
14. AUTHENTICATION									
<p style="text-align: center;">G. M. STEWART</p> <p style="text-align: right;">12365 6005 J. S. 11/14</p>									
PERIODIC STEP INCREASE - AUTHENTICATION									

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prod.		5. Sen.		6. CS - EOD		
						Mo. Da. Yr.			None-0 Code		Mo. Da. Yr.		Mo. Da. Yr.		
									5 Pt-1 10 Pt-2		M 1		04 21 52		
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MII		
Mo. Da. Yr.		Yes-1 Code				Mo. Da. Yr.			Yes-1 Code		Mo. Da. Yr.		Yes-1 Code		
XX XX XX		No-2 1		50 USCA 403 J					No-2 1		04 21 52		No-2 2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FI						WASH., D.C.					
RECORDS INTEGRATION DIV											
ANALYSIS AND OPERATIONS BR											
ANALYSIS SEC											
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 Code											
USfld - 3		2 INTEL ANALYST		430.12		GS		0132.35			
Frqn - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 3		\$ 4795		DI		Mo. Da. Yr.		Mo. Da. Yr.		S 2309 23	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
REASSIGNMENT TRANSFER				Mo. Da. Yr.		REGULAR					
TO UNVOUCHERED FUNDS		06		09 08 57				01			

**PRESENT ASSIGNMENT**


31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE											
BRANCH 3											
ADMIN SEC				5161						57557	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 1 Code											
USfld - 3		5 RECORDS MGMT ANALYST		3382		GS		0306.01			
Frqn - 5											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
07 3		\$ 4795		DI		Mo. Da. Yr.		Mo. Da. Yr.		8 3780 55 006	
						04 10 55		04 10 55			
44. Remarks											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											

FORM NO 1 MAR 57 1150a

**SECRET**

(4)

**SECRET**  
(WHEN FILLED IN)

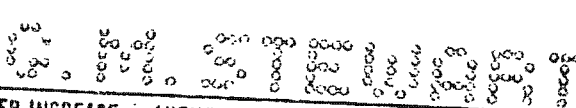
1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
				DDP/FI 29		V-20					
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
			11 MAR 1957			SIGNATURE OF SUPERVISOR					
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560

SECRET

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
				DDP/FI		V-20		2301			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
8. TO BE COMPLETED BY THE OFFICE OF COMPTROLLER 9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
10. NUMBER OF HOURS LWOP 10. INITIALS OF CLERK 11. AUDITED BY											
12. TO BE COMPLETED BY THE OFFICE OF PERSONNEL 13. PROJECTED SALARY RATE AND EFFECTIVE DATE 13. REMARKS											
GRADE	STEP	SALARY	MO.	DA.	YR.						
14. AUTHENTICATION											
											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560b

SECRET

PERSONNEL FOLDER (4)

INFORMATION FOR: CHIEF, FINANCE DIVISION

ATTENTION : Payroll Section

SUBJECT : Change in Assignment Request Designation

Personal Services of

1. The Division request that copy of personal services of  employee be changed effective 1/1/64 to  as follows:

FROM ASSIGNMENT **6-3712-55-026**

TO ASSIGNMENT **6-2309-83**

2. When this change is completed, it is requested that a copy of this request be sent to the  Division,  Division, with the following information:

BT

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

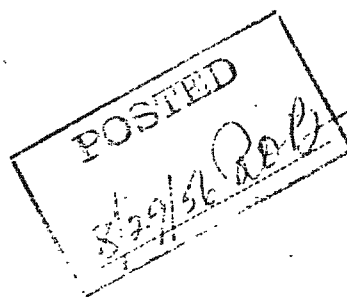
are

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIALS) AND SURNAME		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				22 August 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
HEADQUARTERS 56		26 Aug 1956	50 USC 403 J	
FROM		TO		
BW-430.02		Intel Analyst BW-430.12		
		GS-0132.35-7 \$4660.00 per annum		
		DDI/VI		
		Records Integration Division		
		Analysis & Operations Branch		
		Analysis Section		
		Washington, D. C.		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWI OTHER 5-PT. 10 POINT		NEW VICE I. A. REAL		
1		BD-VII		
15. APPROVATION		16. SUBJECT TO C. S. RETIREMENT ACT (YES NO)		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION UNIT)
FROM: 7-239-83		Yes		
TO: Rome 750-13				
18. REMARKS:		19. LEGAL RESIDENCE		
3 DEC 04/21/52		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>		
		STATE:		

ENTRANCE PERFORMANCE RATING:

Director of Personnel

4. PERSONNEL FOLDER COPY



um 8/28/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

171

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				2 Jul 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation		15 Jul 1956	50 UDCA 403 J	
FROM		TO		
10 (CI) EV-583.03 GS-0136.53-7 \$4660.00 per annum DDP/VI Branch 1 Records Integration Branch Personality Files Section		8. POSITION TITLE Intel Analyst EV-430.02 GS-0132.53-7 \$4660.00 per annum DDP/VI Records Integration Division Analysis & Operations Branch Analysis Section 410823 Washington, D. C.		
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT 10 POINT X		14. POSITION CLASSIFICATION ACTION NEW VICE I, A. REAL		
15. FROM: 7-3740-55-056 TO: 7-6309-25		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		
16. APPROPRIATION 7-3740-55-056 7-6309-25		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 15 Jul 1956		
19. LEGAL RESIDENCE STATE:		20. REMARKS:  <div style="text-align: center;">POSTED 2/19/56</div>  <p>"Transfer TO Vouchered Funds FROM Unvouchered Funds."</p>  3 BUD 04/21/52  Director of Personnel		

4. PERSONNEL FOLDER COPY

SECRET

STANDARD FORM 52 PREPARED BY THE U. S. CIVIL SERVICE COMMISSION REPLACES AND - FEDERAL PERSONNEL MANUAL CHAPTER 11		REQUEST FOR PERSONNEL ACTION		UNCLASSIFIED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.					
1. NAME (Mr., Mrs., Miss - One given name, initial(s), and surname)		2. DATE OF BIRTH		3. REQUEST NO.	
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		5. EFFECTIVE DATE A. PROPOSED:		6. DATE OF REQUEST	
Reassignment				5 May 56	
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:		7. C.S. OR OTHER LEGAL AUTHORITY	
Change in Title and Service Number		17 JUN 1956			
FROM: Ops Off (CE) GS-0136.52-7 DDF/FE		BFF 583.05-7 4660		TO: IO-CI GS-0136.53-7 DDF/FE Branch 1 - Records Integration Branch Personality Files Section	
8. POSITION TITLE AND NUMBER		9. SERVICE, GRADE, AND SALARY		10. ORGANIZATIONAL DESIGNATIONS	
11. HEADQUARTERS		12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
X FIELD		DEPARTMENTAL		SD:DI	
A. REMARKS (Use reverse if necessary)					
T/O Change					
B. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)					
Ex 8761					
C. VETERAN PREFERENCE					
D. POSITION CLASSIFICATION ACTION					
E. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)					
F. LEGAL RESIDENCE					
G. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)					
H. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)					
I. LEGAL RESIDENCE					
J. STANDARD FORM 50 REMARKS					
K. CLEARANCES					
L. INITIAL OR SIGNATURE					
M. DATE					
N. REMARKS					
O. SECRET					

## PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE 1954-220020

1. Agency and organizational designations						2. Payroll period		3. Block No. UV		4. Step No.	
5. Employee's name (and social security account number when appropriate)						6. Grade and salary GS-7 \$4525.00					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous period											
8. New period											
9. Pay this period											
10. Remarks AED DIVISION						11. Appropriation(s) FE/7			12. Prepared by slu 1/10		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase											
14. Effective date 8 Apr 56	15. Date last increase 10 Apr 55	16. Old salary rate \$4525.00	17. New salary rate \$4660.00	18. Performance rating (in accordance with instructions on back) SERVICE AND CONDUCT ALL SATISFACTORY (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): <input type="checkbox"/> No excess LWOP. Total excess LWOP.											
STANDARD FORM NO. 11266-Rev 5-54 Form prescribed by Comp. Gen., U. S. October 26, 1954, General Regulations No. 102											

CONFIDENTIAL

PAYROLL CHANGE SLIP — PERSONNEL COPY

24/11



S-E-C-R-E-T

COMBINED THE CHIEF ACTION IN LIEU OF SF-52  
CHANGE OF OFFICIAL DESIGNATION  
Effective Date - 22 April 1950

	<u>Name</u>	<u>Grade</u>	<u>D to DI</u>	<u>Name</u>	<u>Grade</u>
<u>FE</u>		12 12 11 07 09	<u>NEA</u>		12
			<u>FI</u>		07 07
<u>EE</u>		12			
<u>SR</u>		07 11			
			<u>D to DS</u>		
<u>WE</u>		05			
			<u>D to DP</u>		
<u>RE</u>		07			

RM-5001 by J. S. [Signature]  
17 April 1950

S-E-C-R-E-T

STANDARD FORM 52  
 PREVIOUS EDITIONS ARE OBSOLETE  
 U.S. CIVIL SERVICE COMMISSION  
 JANUARY 1960 - FEDERAL PERSONNEL  
 MANUAL, CHAPTER VI

**SECRET**

UNVOUCHERED

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 21 Feb 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion			6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: <i>Ops. OPR. (CO) APR 10 1955</i>	
FROM— IO (FI) BFF 602.02-5 GS-0136.51-45 \$3535.00 p/a DDP/FE Intelligence Division Positive Intelligence Branch UNCONV. WARF. DIV.		9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— IO (FI) BFF 602.02-7 GS-0136.52-47 \$4205.00 p/a Same Same Same Same RECORDS INTEGRATION BR. PERSONNEL SECURITY RISK SECTION	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		

A. REMARKS (Use reverse if necessary)

Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.

13. VETERAN PREFERENCE NONE <input checked="" type="checkbox"/> WAR <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SPT <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> T.A. <input type="checkbox"/> REAL <input type="checkbox"/>	
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	
17. APPROPRIATION FROM 6-3740-55-096 TO: Same		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	
19. DATE OF APPOINTMENT AFFIDAVIT (SUCCESSION ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D.C.	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES			
A.	INITIAL OR SIGNATURE	DATE	REMARKS
B. LEIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. AFFIDAVIT			

**SECRET**

STANDARD FORM 52 FORM 52-1 (Rev. 1-1-55) U. S. GOVERNMENT PRINTING OFFICE 16-50511-1-55 GPO : WASHINGTON, D. C. 20540		SECRET		2/24/55 Sam	
REQUEST FOR PERSONNEL ACTION			UNFOUCHENED		
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.					
1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)		4. DATE OF BIRTH		2. REQUEST NO.	
				28 Jan 55	
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>				5. EFFECTIVE DATE A. PROPOSED: 26 Oct 54	
B. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED: 26 Oct 1954	
FROM: IO (FI) BFF 602.02-5 GS-0136.51-45 <del>3535.00</del> p/a 3535. DDP/FE WARFARE Division Pentagon, Washington, D.C.		6. POSITION TITLE AND NUMBER 7. SERVICE, GRADE, AND SALARY 8. ORGANIZATIONAL DESIGNATIONS 9. HEADQUARTERS		TO: IO (FI) BFF 602.02-5 GS-0136.51-45 <del>3535.00</del> p/a 3535. Same Same Same Same	
10. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		11. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>			
A. REMARKS (Use reverse if necessary) Subject arrived 26 Oct 54 per 5239 of 17 Nov 1954.					
13. VETERAN PRECEDENCE		14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> WITH <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 15. DISAB. OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VAC. <input type="checkbox"/> T.A. <input type="checkbox"/> RES. <input type="checkbox"/>			
16. SECT. RACE <input type="checkbox"/> 17. APPROPRIATION 6-3740-55-096 M. W. TO. Same		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY) SCALE: D.E.	
20. STANDARD FORM 50 REMARKS See Concern for Division - 18 Feb 55 2/24/55 Sam E date per FE 2/24/55 Sam					
21. CLEARANCES		INITIAL OR SIGNATURE		DATE	
A.					
B. CELL OR POS. CONTROL					
C. CLASSIFICATION					
D. PLACEMENT OR EMP.					
E.					
F. APPROV. SECRET					

GOVERNMENT PRINTING OFFICE: 1952 - 657274

1. Agency and organizational designation		2. Pay rate		3. Bio. No.		4. Bio. No.	
5. [Redacted] by account number when appropriate		6. 15-5 0310					
PAY ROLL CHANGE DATA							
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	NET PAY
7. Previous normal							
8. New normal							
9. For this period							
10. Remarks				11. Appropriation(s)		12. Prepared by	
				72-0		ja 4/20/52	
						13. Audited by	
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other than							
MIDWINTER DIVISION							
14. Effective date	15. Date last increased	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.			
6/1/52	7/1/52	97.20	100.00	100-1 5M 3.12			
19. LWOP date if fill in appropriate space covering LWOP during following period(s):							
<input type="checkbox"/> No excess LWOP            Total excess LWOP							
STANDARD FORM 100-1126-Rev. 11-50 Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulation No. 102							
PAY ROLL CHANGE SLIP—PERSONNEL COPY 							

STANDARD FORM 50

REV. APRIL 1961

PROMULGATED BY

U. S. CIVIL SERVICE COMMISSION

U. S. FEDERAL PERSONNEL MANUAL

**CONFIDENTIAL**  
CENTRAL INTELLIGENCE AGENCY

**NOTIFICATION OF PERSONNEL ACTION** Conc. 26 Mar 1954 Jan

1. NAME (USE -- MR., MRS., OR ONE OTHER NAME, INITIAL(S), AND SURNAME) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		2. DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. JOURNAL OR ACTION NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. DATE 16 Apr 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>B.O.B. 25 Apr 1954</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
<b>Int. Analyst EF 469.08</b>  <b>0132.35-5 \$3410.00 per annum</b>  <b>W/VI</b> <b>Intelligence Division</b> <b>Processing and Records Branch</b> <b>Classification Section</b>  <b>Washington, D. C.</b>		<b>IO (VI) EFP 602.02-5</b>  <b>08-0136.51-5 \$3410.00 per annum</b>  <b>EFP/VI</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>Unconventional Warfare Division</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT.		13. FIELD OR DEPT.		
14. VETERAN'S PREFERENCE		15. POSITION CLASSIFICATION ACTION		
WHEN OTHER 1-PT. 15-POINT YES DISAB. OTHER		NEW YES 1-A REAL <div style="text-align: right;"><b>SD:D</b> <b>CD-PI</b></div>		
16. RACE		17. APPROPRIATION		18. LEGAL RESIDENCE
FROM: <b>4-2359-83</b> TO: <b>4-5720-55-096</b>		19. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>		20. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <b>Yes</b>
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.		22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> NOTED STATE: <b>D. C.</b>		

**"Transfer TO Unconventional Warfare FROM Vouchered Funds."**

*J. M. Ben Mc*

**CONFIDENTIAL**

4. PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE: 1954

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - OR OTHER NAME, INITIALS, AND SUFFIX)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				27 Feb. 54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		28 Feb. 54	50 USCA 403 j	
FROM		TO		
03-132-5		Intel. Analyst BY 469.08		
R I Staff		03-0132-35-5 \$7410.00 per annum		
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
		03-0132-35-5 \$7410.00 per annum		
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS		
		R I Division Processing & Records Branch Consolidation Section		
12. FIELD OR DEPT'L		13. FIELD OR DEPT'L		
FIELD		FIELD		
DEPARTMENTAL		DEPARTMENTAL		
14. VETERAN'S PREFERENCE		15. POSITION CLASSIFICATION ACTION		
NONE WDR OTHER SPT 15-PONT X DISAB OTHER		NEW VICE L.A. REAL		
		CD-VI		
16. SEX		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		18. LEGAL RESIDENCE
M	W	4-23-53		CLAIMED PROVED STATE
19. REMARKS This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				

ENTRANCE PERFORMANCE RATING

Deputy Assistant Director for Personnel

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

each

1. NAME (MR., MRS., MISS, OR MS. GIVE FULL NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				5 June 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		7 June 1953	Sch A-6, 116(b)	
FROM		TO		
Intel. Anal. EV-469.08-4		Same EV-469.08		
GS-132-4 \$3175.00 per annum		GS-132-3 \$3110.00 per annum		
DIR/FI Records Integration Staff Processing & Records Branch Consolidation Section Washington, D.C.		Same Same Same Same Same		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER S-PT. 16-POINT		NEW VICE L.A. REAL		
X X X X X		CD-FI		
15. SEX RACE		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
M H		Yes		20. LEGAL RESIDENCE
17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		20. LEGAL RESIDENCE
FROM: 118100		Yes		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>
TO: Same				STATE:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
EXTENSION 2027				
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., ONE OF TWO NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				24 Apr. 53
5. THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT:				
6. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		8. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		26 Apr. 53	Schedule A-6.116(b)	
FROM		TO		
Mail and File Clerk BV-304.00		Intnl. Anal. BV-469.00-4		
68-4-303 \$1175.00 per annum		68-4-132 Same		
DDP/PI/RI		Same		
Processing and Records Br.		Same		
Consolidation Section		Same		
Washington, D.C.		Same		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
15. SEX		16. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		
M		788		
17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (F.L.S.-40)		
2309-00		YES		
2309-20				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval of the Civil Service Commission. The action may be corrected or annulled by the Commission.				
ENTRANCE PERFORMANCE RATING:				
Chief, Personnel Division				



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				9 Mar. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		15 Mar. 53	Schedule A-6.116(b)	
FROM		TO		
File Clerk BY-356		Mail and File Clerk BY-364.08		
03-4-305 \$3175.00 per annum DDP/FI/RI Processing and Records Br. File Section		03-4 SAME SAME Consolidation Section		
Washington, D.C.		12. FIELD OR DEPT'L		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N		17. APPROPRIATION
FROM: 11X2100		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
TO: 2309-20		YES		20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				

S-E-S-R-E-1  
Security Information

## COMBINED PERSONNEL ACTION

Page 9 of 36 pages

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for vouchered positions from information on this form.)

(1) Staff or Division RI (2) Date 17 November 1952 Approved 17 November 1952 (3) Effective Date of Action 7 Dec 1952  
FROM TO

(1) NAME	(5) ORG. I.F. & POS. TITLE	(6) SCHEDULE SERIES-Grade	(7) SLOT NOS.	(8) ACTION	(9) ORG. I.F. & POS. TITLE	(10) SCHEDULE SERIES-Grade	(11) SLOT NOS.
	File Clerk	GS-4	X-32.03	A	File Supervisor	GS-305-4	BV-353.01
	File Clerk	GS-4	X-34.02	B	File Clerk	GS-305-4	BV-354.
	File Clerk	GS-4	X-34.	B	File Clerk	GS-305-4	BV-354.01
	File Clerk	GS-4	X-38.02	B	File Clerk	GS-305-4	BV-354.02
	File Clerk	GS-4	X-38.03	B	File Clerk	GS-305-4	BV-354.03
	File Supervisor e Section	GS-5	X-33.	B	File Supvr.	GS-305-5	BV-355.
	File Clerk	GS-4	X-302.22	B	File Clerk	GS-305-4	BV-356.
	File Clerk	GS-4	X-34.03	A	File Supervisor	GS-305-4	BV-357.
	File Clerk	GS-4	X-32.02	B	File Clerk	GS-305-4	BV-358.
	File Clerk	GS-4	X-38.04	B	File Clerk	GS-305-4	BV-358.01
	File Clerk	GS-4	X-34.01	B	File Clerk	GS-305-4	BV-358.02

(12) APPROVED:

(13) APPROVED:

(14) APPROVED:

Class &amp; Wage Div.

Personnel Div.

S-E-S-R-E-1

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(ml)

1. NAME (MR -- MISS -- MRS. -- ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH		3. JOURNAL OR ACTION NO.		4. DATE	
						14 Aug. '52	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERM ABBREVIATIONS)				6. EFFECTIVE DATE		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion				17 Aug. '52		Schedule 4-6.116(h)	
FROM		TO					
File Clerk I-39.04		File Clerk I-102.22					
GS-3-305 \$2950.00 per annum		GS-4-305 \$3175.00 per annum					
OSO		OSO					
RI		RI					
Processing and Records Branch		Analysis and Operations Branch					
File Section		Service and Correspondence Section					
Washington, D.C.							
FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>					
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 10-POINT <input type="checkbox"/>				NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>			
15. SEX <input checked="" type="checkbox"/> 16. APPROPRIATION				18. SUBJECT TO C. S. RETIREMENT ACT (YES -- NO)			
FROM: 11X2100				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)			
20. LEGAL RESIDENCE				21. REMARKS: THIS ACTION IS SUBJECT TO APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.			
Chief, Personnel Division							
ENTRANCE EFFICIENCY RATING:							

V.C. 26 March 1952  
JCD

STANDARD FORM NO. 10 (PART 1)  
REVISED 1950  
PREPARED BY  
CHAPTER 2, FEDERAL PERSONNEL MANUAL  
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. — MISS — MRS. — ONE GIVEN NAME INITIAL(S) AND SURNAME(S))		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
			157	21 Apr. '52
THIS IS TO NOTIFY YOU OF THE FOLLOWING action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Excepted Appointment		21 Apr. 1952	Sch. A — 6,116 (B)	
FROM		TO		
		File Clerk GS - 3 K39.04		
		GS - 3 305 \$2950.00 per annum		
		OEO RI PROCESSING AND RECORDS BRANCH FILE SECTION Washington, D.C.		
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER S PT. 10 POINT. RISEB. OTHER		NEW VICE I.A. REAL		
15. SEX		16. RACE		17. APPROPRIATION
M		W		FROM 2123500
				TO 3002
		18. SUBJECT TO C. S. RETIREMENT ACT (YES — NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
		Yes		21 Apr. 1952
		20. LEGAL RESIDENCE		20. LEGAL RESIDENCE
		STATE:		STATE:
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
(39.04) This appointment is subject to a satisfactory trial period of one year. Subject to a satisfactory medical examination. 27 # 61 Affidavit executed. 3445 JOC - 06/07/52 OEO - 04/27/52 LCD - 04/21/52 3445 22				
22. PERSONNEL DIVISION				

4. PERSONNEL FOLDER COPY

**CONFIDENTIAL**  
CLASSIFICATION

### FITNESS REPORT

#### SECTION A

#### GENERAL INFORMATION

1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)		3. DATE OF BIRTH		4. SEX	5. GRADE	6. SD
						M	12	D
7. OFFICIAL POSITION TITLE				8. OFF. DIV. OR OF ASSIGNMENT		9. ACTION		
RECORDS ADMIN OFF CH				DDO/CCS/REG		HQS		
10. CODE (CS, I)				11. HQS		OF		
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN O.P.			
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	01 July 76 - 08 July 77		31 July 1977			

#### SECTION B

#### QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

NO

#### SECTION C

#### PERFORMANCE EVALUATION

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

#### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information.	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline.	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3 Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry information.	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

#### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

**O**

CLASSIFICATION  
**CONFIDENTIAL**

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CLASSIFICATION

**SECTION D****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

[ ] continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of [ ] responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts. [ ] is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

**SECTION E****CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 August 1977

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

SIGNATURE

**2. BY EMPLOYEE**I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

[ ] evaluation of [ ] performance during the reporting period agrees completely with my observations and conclusions. [ ] is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.

DATE

17 August 1977

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Central Cover Staff

TYPE

**4. BY EMPLOYEE**I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☐ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

1977  
18 Aug

SIGNATURE OF EMPLOYEE

CLASSIFICATION

**CONFIDENTIAL**

**CONFIDENTIAL**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

1. EMPLOYEE NUMBER		2. NAME (Last, First, Middle)		3. DATE OF BIRTH	4. SEX	5. GRADE	6. DO
					M	GS-12	DAC
7. OFFICIAL POSITION TITLE			8. OFF/DIV/HR OF ASSIGNMENT		9. CURRENT STATION		10. CODE (C.F. #)
RECORDS ADMIN OF CH			DDO/CCS/REG		HQS		X HQS. DF
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN O.P.		
				1 July 1975-30 June 1976		30 July 1976	

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

NO

**SECTION C**

**PERFORMANCE EVALUATION**

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information	RATING LETTER  S
---	------------------------

SPECIFIC DUTY NO. 2 Records Management Officer--responsible for the overall CCS records management program	RATING LETTER  O
--	------------------------

SPECIFIC DUTY NO. 3	RATING LETTER
---------------------	---------------

SPECIFIC DUTY NO. 4	RATING LETTER
---------------------	---------------

SPECIFIC DUTY NO. 5	RATING LETTER
---------------------	---------------

SPECIFIC DUTY NO. 6	RATING LETTER
---------------------	---------------

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER  
  
O

**CONFIDENTIAL**  
CLASSIFICATION

**SECTION D****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

\_\_\_\_\_ is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. \_\_\_\_\_ organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.

\_\_\_\_\_ approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposes was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.

**SECTION E****CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

27 July 1976

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

TYPE AND PRINTED NAME AND SIGNATURE

**2. BY EMPLOYEE**

I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

27 July 76

SIGNATURE OF EMPLOYEE

**3. BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL**

I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. \_\_\_\_\_ established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like \_\_\_\_\_, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.

DATE

29 July 1976

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CCS

TYPE

**4. BY EMPLOYEE**

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☒ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

29 July

SIGNATURE

CLASSIFICATION  
**CONFIDENTIAL**



**SECRET**  
CLASSIFICATION

### FITNESS REPORT

SECTION A				GENERAL INFORMATION			
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)		3. DATE OF BIRTH		4. SEX 5. GRADE 6. DD	
						M GS-12 DAC	
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION	
Records Admin OF-CH				DDO/CCS/REG		HQS X HQS DP	
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to)				14. DATE REPORT DUE IN O.P.			
1 January 1975 - 30 June 1975				31 July 1975			

SECTION B		QUALIFICATIONS UPDATE	
15. QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.			
<b>SECTION C</b> <span style="float: right;">PERFORMANCE EVALUATION</span>			
U—Unsatisfactory  M—Marginal  P—Proficient  S—Strong  O—Outstanding	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.  Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  Performance is satisfactory. Desired results are being produced in the manner expected.  Performance is characterized by exceptional proficiency.  Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Chief of Registry Section - supervises 7 employees	RATING LETTER  S
SPECIFIC DUTY NO. 2 Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.	RATING LETTER  O
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER  S

**SECRET**  
CLASSIFICATION

SECRET

CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JUL 8 11 25 AM '75

During the 6 months under review [redacted] has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. [redacted] surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

## SECTION E

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

1 year, 9 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

7 July 1975

OFFICIAL TITLE OF SUPERVISOR

Chief, CCS

TY

## 2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

7 July 1975

SI

HAVE ATTACHED

HAVE NOT ATTACHED

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

## 4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

CLASSIFICATION

SECRET

CLASSIFICATION:

FITNESS REPORT			
<b>SECTION A</b>			
<b>GENERAL INFORMATION</b>			
1. NAME (Last, First, Middle Initial)		4. SEX	5. GRADE & SD
		M	GS-12 D
7. OFFICIAL POSITION TITLE		8. OFF/DIV/BR OF ASSIGNMENT	
RECORDS ADMIN OF-CH		DDO/CCS/REGISTRY	
		HEADQUARTERS	
		10. CODE (4-6)	DP
		X	HQS
11. TYPE OF APPOINTMENT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)
12. TYPE OF REPORT			
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input checked="" type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to)		14. DATE REPORT DUE IN O.P.	
1 June 1974-31 December 1974		31 January 1974 (Retirement of Supervisor)	
<b>SECTION B</b>			
<b>QUALIFICATIONS UPDATE</b>			
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.			
<b>SECTION C</b>			
<b>PERFORMANCE EVALUATION</b>			
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.		
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.		
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.		
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.		
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		
<b>SPECIFIC DUTIES</b>			
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
SPECIFIC DUTY NO. 1			RATING LETTER
Chief of Registry Section - supervises seven employees			S
SPECIFIC DUTY NO. 2			RATING LETTER
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.			O
SPECIFIC DUTY NO. 3			RATING LETTER
CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974.			S
SPECIFIC DUTY NO. 4			RATING LETTER
SPECIFIC DUTY NO. 5			RATING LETTER
SPECIFIC DUTY NO. 6			RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>			
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.			RATING LETTER
			S

FORM 45 9-73

CLASSIFICATION  
SECRET

E2, IMPDET CL BY

NOV 1974

SECRET  
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Since his last Fitness Report, in June 1974, [ ] has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and [ ] regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck".

[ ] also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."

Finally it gives me pleasure to note here that, effective 24 November 1974, Mr. [ ] will be given a well deserved promotion from GS 11/6 to GS 12/3.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
15 months	
DATE	OFFICIAL TITLE OF SUPERVISOR
20 November 1974	Deputy Chief, CCS
2. BY EMPLOYEE	
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE
HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	20 Nov 74
3. BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	
Both [ ] letter ratings and narrative comments accurately reflect the quality of [ ] performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
25 November 1974	Chief, Cover and Commercial Staff
4. BY EMPLOYEE	
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE
	25 Nov 74

CLASSIFICATION  
SECRET

**S E C R E T**  
CLASSIFICATION

FITNESS REPORT											
<b>SECTION A GENERAL INFORMATION</b>											
1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)			3. DATE OF BIRTH		4. SEX		5. GRADE		
							N		GS-11		
									D		
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION		10. CODE (if any)		11. HOS	
RECORDS ADMIN 07 - CH				DDO/CCS/REGISTRY		HEADQUARTERS		X		DP	
12. TYPE OF APPOINTMENT						13. TYPE OF REPORT					
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> CONTRACT		<input type="checkbox"/> OTHER (Spec.)		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> ANNUAL	
										<input type="checkbox"/> REASSIGNMENT	
										<input type="checkbox"/> SPECIAL	
12. REPORTING PERIOD (from-to)						14. DATE REPORT DUE IN O.P.					
1 June 1973 - 31 May 1974						30 June 1974					
<b>SECTION B QUALIFICATIONS UPDATE</b>											
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.											
NO											
<b>SECTION C PERFORMANCE EVALUATION</b>											
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>											
<b>SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).											
SPECIFIC DUTY NO. 1  Chief of Registry Section - supervises seven employees.									RATING LETTER  S		
SPECIFIC DUTY NO. 2  Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.									RATING LETTER  O		
SPECIFIC DUTY NO. 3  CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.									RATING LETTER  S		
SPECIFIC DUTY NO. 4									RATING LETTER		
SPECIFIC DUTY NO. 5									RATING LETTER		
SPECIFIC DUTY NO. 6									RATING LETTER		
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.									RATING LETTER  S		

SECRET  
CLASSIFICATION

SECTION D		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment, and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.</p> <p>After a short overlap with his predecessor, [ ] assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, [ ] quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.</p> <p>Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, [ ] not only has had to learn the CCS "system" himself,</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10 mos			
DATE	OFFICIAL TITLE OF SUPERVISOR	TY	
25 June 1974	DC/CCS		
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	G	
<input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	25 June 74		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>In the relatively short period of his assignment to CCS, [ ] has completely lived up to his advance billing as reflected in past fitness reports. [ ] has provided the specifics of [ ] accomplishments and has left me only to say that [ ] is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TY	
1 Aug	C/CCS		
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT.		DATE	
		1 July 74	
CLASSIFICATION			
SECRET			

**S E C R E T**

**Fitness Report**

**SECTION D NARRATIVE COMMENTS (continued)**

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, ADP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

**S E C R E T**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-11
5. OFFICIAL POSITION TITLE			7. OFF. DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Records Admin Officer			DDO/EUR	Rome	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 June 72 - 31 May 73		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Station Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program.					RATING LETTER O
SPECIFIC DUTY NO. 2 Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be summarized on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and out dated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to Hqs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.</p> <p>This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that Hqs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour [redacted]. We are certainly glad he came.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT			
DATE	SIGNATURE		
30 April 1973	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
23 May 1973	Admin Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>This officer has been remarkably effective during his tour [redacted]. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served [redacted] and that during this tour here he received a well-deserved promotion. [redacted] Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 May 1973	Ops Officer	/s/ [redacted]	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				010032		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION			
Records Admin Officer			DDP/EUR			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
31 July 1972			1 October 1971 - 31 May 1972			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties.						O
SPECIFIC DUTY NO. 2						RATING LETTER
Station Records Officer - Responsible for the Station's Record Management Program.						O
SPECIFIC DUTY NO. 3						RATING LETTER
Cable Analyst - Processes and distributes all incoming and outgoing cable traffic.						S
SPECIFIC DUTY NO. 4						RATING LETTER
Top Secret Control Officer.						S
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Wagner</u> <u>of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty [redacted]. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 July 1972	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1972	Admin Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 July 1972	DCOS	/s/ [redacted]	

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SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-10	5. SD D	
6. OFFICIAL POSITION TITLE Records Admin Off			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR	8. STATION S/T #1		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 4 July 1971-30 September 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties.						S
SPECIFIC DUTY NO. 2 Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so.						S
SPECIFIC DUTY NO. 3 Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files.						S
SPECIFIC DUTY NO. 4 Top Secret Control Officer.						P
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>I have worked with this Officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after his arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his performance.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE		
4 October 1971	/s/ [ ]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
2½ months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Chief, Support	/s/ [ ]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment, which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Deputy Chief of Station	/s/ [ ]	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX <b>M</b>	4. GRADE <b>GS-10</b>	5. SD <b>D</b>
6. OFFICIAL POSITION/TITLE <b>Records Adm. Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR</b>		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> SPECIAL (Specify): <b>Promotion</b>			
11. DATE REPORT DUE IN U.P.			12. REPORTING PERIOD (From - to) <b>1 January 1971 - 30 May 1971</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. <b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected. <b>S-Strong</b> Performance is characterized by exceptional proficiency. <b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 <b>Reviewed, retired and rationalized [ ] Branch Files and explained same system to Branch personnel</b>						RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>O</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of Authority of Managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[redacted] first made a survey of the Augcan stable that the [redacted] files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of [redacted] material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the [redacted] files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Plan files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!

What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.

/continued/

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
	Subject now in Rome Station	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
4 months	See above	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYP
27 July 1971	ADC/EUR [redacted]	[redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL I concur in the above evaluation. Subject turned in a most impressive performance during his brief time [redacted]. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before: a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. [redacted] has a unique contribution to make [redacted] or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing [redacted] that he has just accomplished.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	
27 July 1971	Chief [redacted]	[redacted]

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-2-

You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

Fitness Report

(continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

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(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 15px; margin: 0 auto;"></div>	
<b>SECTION A GENERAL</b>					
1. NAME <div style="border: 1px solid black; width: 100%; height: 15px;"></div>		2. SEX <b>M</b>	4. GRADE <b>GS-10</b>	5. ED <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Recs Adm Off</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/EUR/</b> <div style="border: 1px solid black; width: 30px; height: 15px;"></div>		8. CURRENT STATION <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>30 November 1970</b>			12. REPORTING PERIOD (From to) <b>30 June 1970 - 18 November 1970</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Profluent</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Responsible for organization and direct management of the Station Registry</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>First-line supervisor for two full-time registry assistants.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Organizes and implements review and purge of Registry and other Station files.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Prepares Station notices and outgoing correspondence on Registry matters.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Maintains and controls case file index and 201 file index.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Top Secret Control Officer</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Managerial performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "get the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIG		
17 Nov 1970			
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 November 1970	DCOS	/s/ [Signature]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Although the rating officer is newly arrived [Signature], he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing [Signature] files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1970	COS	/s/ [Signature]	

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SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-10 D
5. OFFICIAL POSITION TITLE Records Admin Off			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/>		
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/>		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 October 1969 - 30 June 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Responsible for organization and direct management of station registry.					RATING LETTER S
SPECIFIC DUTY NO. 2 First-line supervisor for two full-time and one part-time registry assistants.					RATING LETTER S
SPECIFIC DUTY NO. 3 Organizes and implements review and purge of registry and other station files.					RATING LETTER O
SPECIFIC DUTY NO. 4 Prepares station notices and outgoing correspondence on registry matters.					RATING LETTER S
SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index.					RATING LETTER S
SPECIFIC DUTY NO. 6 Top Secret Control Officer.					RATING LETTER S
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position: his performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

**SECRET**

SECTION C		NARRATIVE COMMENTS	
<p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be completed on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p>			
<p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p> <p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p> <p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p> <p>No criticism can be made of his security <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> department.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
18 June 1970	/s/ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 June 1970	DCOS	/s/ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
3. BY REVIEWING OFFICIAL			
<p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
22 June 1970	COS	/s/ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Records Admin Officer			DDP/EUR		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 October 1969			18 November 1968-30 September 1969		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Responsible for organization and direct management of Station Registry.					S
SPECIFIC DUTY NO. 2 First-line supervisor for at first three, later two full-time Registry personnel and one part-time Registry assistant.					S
SPECIFIC DUTY NO. 3 Provides informal training and guidance to some Station officers and secretaries on records procedures.					S
SPECIFIC DUTY NO. 4 Prepares Station Notices and outgoing correspondence on Registry matters.					P
SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index.					S
SPECIFIC DUTY NO. 6 Top Secret control officer.					S
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>He arrived ten months ago at this post with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a [redacted] reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 October 1969	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 October 1969		/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
5 November 1969		/s/ [redacted]	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. DO
			M	GS-10	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Of		DDP/FE/VNO		Vietnam	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			5 March 1968 - 5 October 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1				RATING LETTER	
Chief Station Registry				O	
SPECIFIC DUTY NO. 2				RATING LETTER	
Management and training of personnel under his supervision				S	
SPECIFIC DUTY NO. 3				RATING LETTER	
Scheduling of routine and exceptional work assigned to his unit.				O	
SPECIFIC DUTY NO. 4				RATING LETTER	
Preparation of routine and other reports on the activities of his Section.				S	
SPECIFIC DUTY NO. 5				RATING LETTER	
Overall Security of Registry operations				S	
SPECIFIC DUTY NO. 6				RATING LETTER	
<div style="position: absolute; left: -100px; top: 20px; transform: rotate(-45deg);">           E OCT 1968            PK         </div>					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.</p>			
<p>During this period, his unit has experienced heavy increases in workload and assumed new or additional functions with no reduction in the service provided to Station components.</p>			
<p>Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.</p>			
<p>The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.</p>			
<p>Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
21 Sept 1968	/s/ [ ]		
2. BY SUPERVISOR			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
21 Sept 1968	Records Admin Officer	/s/ [ ]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and comments of the Rating Officer.</p> <p>Subject has been most amenable and responsive to positive direction.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 Sept 1968	C-3 Officer	/s/ [ ]	

SECRET



14-00000

S E C R E T

-2-

NARRATIVE COMMENTS, Section C. (Continued)

I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.

Subject is cost conscious.

S E C R E T

**SECRET.**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME		(First)	(Middle)	3. SEX	4. GRADE
				M	GS-9
6. OFFICIAL POSITION TITLE		7. ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer		DDP/FE/VFO		Vietnam	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 Oct 67 - 31 March 68			
SECTION B PERFORMANCE EVALUATION					
W - <u>Weak</u>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
A - <u>Adequate</u>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - <u>Proficient</u>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - <u>Strong</u>		Performance is characterized by exceptional proficiency.			
O - <u>Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief Station Registry					S
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of Personnel under his supervision					P
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit					O
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section					S
SPECIFIC DUTY NO. 5					RATING LETTER
Overall Security of Registry operations					P
SPECIFIC DUTY NO. 6					RATING LETTER
20 MAY 68					
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.

He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.

Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.

Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.

He is properly cost conscious in the use of personnel, space and equipment.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8 MONTHS	Subject has not reviewed this report inasmuch as it recommends him for promotion.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Records Admin Officer	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Ops Officer	/s/ [ ]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-9
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Records Admin Of			DDP/FE/VNO		Vietnam
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			10 May 1967 - 30 Sep, 1967		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief, Station Registry Section					P
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of personnel under his supervision					A
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Overall security of Registry operations.					A
SPECIFIC DUTY NO. 6					RATING LETTER
29 NOV 1967					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Monetary performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</u></p> <p>Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.</p> <p>During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.</p> <p>Subject is cost conscious in the use of supplies and equipment in his Section.</p> <p>Subject is attending evening courses leading toward his degree to further himself professionally.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
14 Aug 1967	/s/ [ ]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Records Admin Officer	/s/ [ ]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Ops Officer	/s/ [ ]	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
			M	GS 9	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer		DC/FE/THO		VIETNAM	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		14 Jan 67 - 9 May 67			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief, Registry with supervisory responsibility for 8 employees.					8
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
28 JUN 1967					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 12 10 44 AM '67

Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.

Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 8 May 1967	SIGNATURE OF EMPLOYEE /s/ [ ]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 May 1967	OFFICIAL TITLE OF SUPERVISOR Records Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station.		
DATE 15 May 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ]

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME		2. SEX <b>M</b>	4. GRADE <b>GS-9</b>	5. SD <b>b</b>	
3. OFFICIAL POSITION TITLE <b>Intel. Analyst - CH</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/FE/Per</b>		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>30 Sept 65 - 1 Sept 1966</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. <b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - Strong</b> Performance is characterized by exceptional proficiency. <b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.</b>					<b>O</b>
SPECIFIC DUTY NO. 2 <b>Supervises six Registry employees</b>					<b>S</b>
SPECIFIC DUTY NO. 3 <b>Supervises Station courier service which distributes classified correspondence to the [redacted] Station.</b>					<b>S</b>
SPECIFIC DUTY NO. 4 <b>Supervises the analysis and distribution of incoming and outgoing cables.</b>					<b>S</b>
SPECIFIC DUTY NO. 5 <b>Supervises the operation of the Station Flexowriters.</b>					<b>S</b>
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>



## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF THE
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>				
<p>[ ] has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.</p>				
<p>[ ] has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.</p>				
SECTION D CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE				
15 August 1966			/s/	
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
14				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
16 August 1966	OPS. Officer	[ ] /s/		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
Concur in above rating.				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
17 August 1966	Chief of Station	[ ] /s/		

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-09	D
6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Intel Analyst Ch		DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CARRIEN <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
NOV 30 1965		1 July - 30 September 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					RATING LETTER O
SPECIFIC DUTY NO. 2 Supervises six Registry employees					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the					RATING LETTER S
the Station.					RATING LETTER O
SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables.					RATING LETTER O
SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter.					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
15 DEC 1965					

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position bearing in mind perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties must be described, if applicable.

During the four months [ ] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.

[ ] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.

Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27 October 1965	SIGNATURE OF EMPLOYEE /s/ [ ]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 27 October 1965	OFFICIAL TITLE OF SUPERVISOR Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflagging enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion.		
DATE 2 November 1965	OFFICIAL TITLE OF REVIEWING OFFICIAL DCOS	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ]

SECRET

**SECRET**  
(When Filled In)

1371

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>				
1. NAME		2. GRADE	3. SSN	4. GRADE
		M	GS-09	D
5. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
Intel Analyst Gen		DDP/PE		
8. CHECK (X) TYPE OF APPOINTMENT		9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)		
		1 October 1964 - 30 June 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station				S
SPECIFIC DUTY NO. 2 Supervises six Registry employees				S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the Station				S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables				O
SPECIFIC DUTY NO. 5 Supervises the Station Flexewriter				S
SPECIFIC DUTY NO. 6				RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER
29 JUN 1965				S

~~SECRET~~  
(When Filled In)

## SECTION C

### NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for ~~the~~ <sup>the</sup> foreign language competence, if required for current position. Amplify or explain ratings given in Section II to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the Station Registry this employee continues to perform an exceptional proficient level with little supervision from his supervisor. His supervisor being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. However there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is recommended that this employee should be promoted to the next higher grade at the earliest possible opportunity.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1

## BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

4 June 65

45

2

## BY SUPERVISOR \_\_\_\_\_

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

17 THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE. GIVE EXPLANATION

45

**GATE**

OFFICIAL TITLE OF SUPERVISOR

\_\_\_\_\_  
 TYPED OR PRINTED NAME AND SIGNATURE

1. Mrs. 65

Sgt. Officer

18/

1.

BY REVIEWING OFFICIAL

COMMENTS OF RAJESWING OFFICIAL

Subject takes his job seriously and performs it in strong fashion. I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.

545

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED ON PRINTED NAME AND SIGNATURE

10 June 65

DC-95

121

**Abstract**

~~CONFIDENTIAL~~ Attachment No. 1 to FBI 12202  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-09	5. SD D
6. OFFICIAL POSITION TITLE Intel Analyst Gen			7. OFF/DIV. BR OF ASSIGNMENT DDP/FE/	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 30 Nov 64			12. REPORTING PERIOD (From - to) 1 October 1963 - 30 September 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station					S
SPECIFIC DUTY NO. 2 Supervises six Registry employees					S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the Station					S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables					S
SPECIFIC DUTY NO. 5 Supervises the Station Flexewriter					S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, if applicable.

This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regrettable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

1 Oct 64

SIGNATURE OF EMPLOYEE

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

1 Oct 64

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor.

DATE

29 Oct 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

/s/ William V. Broe

SECRET

CONFIDENTIAL

CONFIDENTIAL  
SECRET  
(When Filled In)

ATT TO FJTT-10860

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			N	GS-09	D
6. OFFICIAL POSITION TITLE		7. OFF. DIV. OR OF ASSIGNMENT 8. CURRENT STATION			
Intel Analyst Gen		DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
XX CAREER RESERVE TEMPORARY		INITIAL: REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)		X ANNUAL REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
30 November 1963		1 Oct 62-30 Sep 63			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					S
SPECIFIC DUTY NO. 2 Supervises six Registry employees					P
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the Station.					P
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

CONFIDENTIAL  
SECRET



## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the [ ] Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location [ ]. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employee's strong performance over the past year, he is being recommended for promotion to GS-10.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
10 Sept. 63	/s/ [ ]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 Sept. 63	Chief, Ops Support Staff	/s/ [ ]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because ratee has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
11 September 63	Deputy Chief of Station	[ ]

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-9
5. OFFICIAL POSITION TITLE Intel Analyst		6. OFF/DIV/BR OF ASSIGNMENT DDP/FE		7. CURRENT STATION	
8. CHECK (X) TYPE OF APPOINTMENT		9. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD (From - to) 1 Oct 61 - 30 Sept 62			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station.					P
SPECIFIC DUTY NO. 2 Supervises four Registry employees.					P
SPECIFIC DUTY NO. 3 Supervises a courier service which distributes correspondence to the [ ] Station.					P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As the Chief of the  Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

25 Oct. 1962

SIGNATURE OF EMPLOYEE

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRM service.

DATE

26 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SYMBOL NUMBER CSPD							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE						
				M	GS-9						
5. SERVICE DESIGNATION, 6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT							
D Ops Officer				STATION							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR							
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE							
10. DATE REPORT DUE IN O.F.			11. REPORTING PERIOD								
			From 15 Apr 61-30 Sep 61 To								
			SPECIAL (Specify)								
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.						
Chief of local registry, supervising four persons.		4									
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.						
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4						
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE											
RESOURCEFUL											
ACCEPTS RESPONSIBILITIES											
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											
DOES HIS JOB WITHOUT STRONG SUPPORT											
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X					
WRITES EFFECTIVELY						X					
SECURITY CONSCIOUS											
THINKS CLEARLY									X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X	
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for developing and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide basis for determining future personnel actions.

Ratee has been in charge of station registry since 28 April 61. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (RI) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention means to me that he is doing well. Another six months should tell us more on this score.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

6 Oct 61

[Signature]

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

[Signature]

## 3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

[Signature]

SECRET

**SECRET**  
(When Filled In)

20 DEC 1960

<b>21111</b> <b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
<b>SECTION A GENERAL</b>												
1. NAME		3. SEX		4. GRADE								
		M		GS-9								
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT								
DI		Records Management Officer		DDP/12/Secretariat								
8. CAREER STAFF STATUS			9. TYPE OF REPORT									
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE									
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)								
31 October 1960		From Sep 57 - 30 Sep 60										
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>												
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 - Unsatisfactory</td> <td>2 - Barely adequate</td> <td>3 - Acceptable</td> <td>4 - Competent</td> <td>5 - Excellent</td> <td>6 - Superior</td> <td>7 - Outstanding</td> </tr> </table>						1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding						
SPECIFIC DUTY NO. 1		SPECIFIC DUTY NO. 4		RATING NO.								
Liaison with RID, DDP/RMO, DDP/MCU, other Division records officers, etc., re implementation of DDP records management program		Assistance to FE personnel in problems of retention and retirement of records		6								
SPECIFIC DUTY NO. 2		SPECIFIC DUTY NO. 5		RATING NO.								
Training and assistance to FE personnel in records management procedures		Guidance to field records officers		5								
SPECIFIC DUTY NO. 3		SPECIFIC DUTY NO. 6		RATING NO.								
Planning and development of Division vital materials program		Implementation of various records purges and records programs		5								
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>												
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.												
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">5</div>							
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 - Least possible degree</td> <td>2 - Limited degree</td> <td>3 - Normal degree</td> <td>4 - Above average degree</td> <td>5 - Outstanding degree</td> </tr> </table>						1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree								
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING							
					1 2 3 4 5							
GETS THINGS DONE												
RESOURCEFUL												
ACCEPTS RESPONSIBILITIES												
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES												
DOES HIS JOB WITHOUT STRONG SUPPORT												
FACILITATES SMOOTH OPERATION OF HIS OFFICE												
WRITES EFFECTIVELY												
SECURITY CONSCIOUS												
THINKS CLEARLY												
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS												
OTHER (Specify):												

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and his ability to accept greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

Subject work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and ~~established~~ up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work [redacted] is doing on this detail.

Subject work during the last year was the basis for a commendation of the Division's records program by CDF.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 16 DEC 1960

SIG

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

20

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

16 December 1960

OFFICIAL TITLE OF SUPERVISOR

C/FE/ESEC

TYPED OR PRINTED NAME AND SIGNATURE

## 3. BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

FE/EXO

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>SECRET</b>  <small>(When Filled In)</small> </div> <div style="border: 1px solid black; padding: 2px;">             Record              6020           </div> <div style="text-align: right;">             1 OCT 1959           </div> </div>								
<b>SECTION A GENERAL</b>								
1. NAME			3. SEX	4. GRADE				
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)				
21 October 1959		From 58-50 Sep 59 To						
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).								
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding								
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.			
Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc, re implementation of records mgt.		6	Assistance to FE personnel in problems of retention and retirement of records		5			
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.			
Training and assistance for FE personnel in records mgt procedures		4	Guidance to field records officers		6			
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.			
Planning and development of Division vital materials program		4	Guidance in all records problems		5			
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5			
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>								
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee								
1 - Least possible degree    2 - Limited degree    3 - Normal degree    4 - Above average degree    5 - Outstanding degree								
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE								X
RESOURCEFUL								X
ACCEPTS RESPONSIBILITIES								X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY						X		
SECURITY CONSCIOUS								X
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X
OTHER (Specify):								
SEE SECTION "E" ON REVERSE SIDE								



SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide a basis for determining future personnel actions.

Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.

He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.

Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.

This report has been prepared in accordance with FE Division standards which recognize the value of rating the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 29 Oct 59	SIGNATURE [Signature]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 27 October 1959	OFFICIAL TITLE OF SUPERVISOR C/FE/ESEC	SIGNATURE [Signature]
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL FE/EXO	SIGNATURE [Signature]

SECRET

SECRET

(When Filled In)

FF-25

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B, of Section "A" below.

SECTION A. GENERAL			
1. NAME			3. SEX
			M
2. OFFICE DIVISION/BRANCH OF ASSIGNMENT	4. OFFICIAL DIVISION TITLE		5. SERVICE DESIGNATION
DDP/	Lead. Eng. C. Anal.		DT
7. GRADE	8. DATE REPORT DUE IN DP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-7		21 August 1958 - 4 Sept. 1958	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	X For TDY Period

SECTION B. CERTIFICATION	
1. FOR THE RATER: THIS REPORT	HAS <input checked="" type="checkbox"/> NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.
Subject left station	

A. CHECK (X) APPROPRIATE STATEMENT(S):	
<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER WAS SENT TO HIM AS A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	
B. THIS DATE	C. TITLE OF SUPERVISOR
18 Sept 1958	1st of Station
2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.	

BY		DATE
[Signature]		18 Sept 1958
CONTINUED ON REVERSE SHEET		

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.		
A. THIS DATE	B. TYPE IN PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C. JOB PERFORMANCE EVALUATION	
1. RATING ON GENERAL PERFORMANCE OF DUTIES	
DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.	
5	1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2. RARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: This rating covers the period 21 August - 4 September 1958, while subject was [redacted] surveying Station files and installing new RI standardized filing system.

## SECRET

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES		OFFICE OF PERSONNEL																									
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this period.</p> <p>b. Place the most important first. Do not include minor or unimportant duties.</p> <p>c. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>d. For supervisors, ability to supervise will always be rated as a specific duty (do not rate supervisors those who supervise a secretary only).</p> <p>e. Compare in your mind, when possible, the individual being rated with others performing the same or similar level of responsibility.</p> <p>f. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>g. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERVIEWS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPIST</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>h. For some jobs, duties may be broken down even further at supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPIST	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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Installing new RI Filing System	5	Develops new Programs	5																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Surveying Station Files	5	Manages Files	5																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Oral Briefing	5																										
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job</p> <p><b>STRENGTHS:</b> Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the [ ] station.</p> <p><b>WEAKNESSES:</b> None observed.</p>																											
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the past, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table border="0"> <tr> <td>1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td>6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER</td> </tr> <tr> <td>2. OF DOUBTFUL SUITABILITY - I SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> <td>FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td>7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> <td></td> </tr> <tr> <td>5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td></td> </tr> <tr> <td>6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> <td></td> </tr> <tr> <td>7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> <td></td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED	6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	2. OF DOUBTFUL SUITABILITY - I SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW	FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION	7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION		5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS		6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION		7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION											
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SECRET

SECRET

(When Filled In)

25

PWA

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
		Records Management Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-7		8 December 1957 - September 1958	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion

## SECTION B.

## CERTIFICATION

1. FOR THE RATER, THIS REPORT ☐ WAS ☒ HAD NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Absent from Station. Will be shown upon return.

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/>	IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM AS A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS SEE ATTACHED REPORTS	<input type="checkbox"/>	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL ANYONE NOW EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	<input checked="" type="checkbox"/>	Will upon return to Station.

8. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE
4 Sept 1958		C/Amin

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
H. B.	10/2/58
CONTINUED ON ATTACHED SHEET	

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
4 Sept 1958	George E. Aurell	COG

## SECTION C.

## JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5	1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.

COMMENTS

SECRET

Performance

(4)

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed by this rating person. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Supervises 2 Records Mgm. Analysts	5	Processes files in accordance with Specific Records System	6																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Devises Records Systems to suit Station needs.	6																										
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Trains Station personnel in Records maintenance.	5																										
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE																											
<p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p><b>Strengths:</b> Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.</p> <p><b>Weakness:</b> No notable weaknesses.</p>																											
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<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>EXPLAIN FULLY:</p>																											

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

6. OFFICIAL POSITION TITLE

Records Management Analyst

7. GRADE

8. DATE REPORT DUE IN OF

9. PERIOD COVERED BY THIS REPORT (Inclusive dates)

08-7

8 December 1957 - September 1958

10. TYPE OF REPORT (Check one)

INITIAL

REASSIGNMENT-SUPERVISOR

SPECIAL (Specify)

ANNUAL

REASSIGNMENT-EMPLOYEE

Promotion

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE

B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

C. SUPERVISOR'S OFFICIAL TITLE

1. Sept. 1958

C/Asst

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

1. Sept. 1958

George E. Aurell

COB

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6

RATING NUMBER

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No. If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "Potential" column.

DESCRIPTIVE RATING NUMBER

- 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
- 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
- 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
- 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisors)
	3	A GROUP OF SUPERVISORS WHO PERFORM THE BASIC JOB (Second line supervisors)
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
3		WHEN IMMEDIATE SUPERVISORIAL ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	3	WHEN IMMEDIATE SUPERVISORY DUTIES INCLUDE MEMBERS OF THE OPPOSITE SEX
		Other (Specify)

**SECRET**

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION <b>6 months</b>	4. COMMENTS CONCERNING POTENTIAL <div style="text-align: right; padding-right: 20px;"> <b>OFFICE OF PERSONNEL</b>  <b>OCT 14 9 17 AM '58</b>  <b>MAIL ROOM</b> </div>
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SECTION II. FUTURE PLANS	
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL <p><b>None planned nor available while on current overseas tour.</b></p>	
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS <p><b>Subject single and willing serve geographic locations. Believe subject performs best in demanding assignments.</b></p>	

SECTION I. DESCRIPTION OF INDIVIDUAL					
<b>DIRECTIONS:</b> This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.					
X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE					
CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CAREFULLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN Cope WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled In)

FF-35 28 SEP 58

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-374. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN '58	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 April - 30 June 1958	
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) T.D.Y.

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ WAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.  
Report prepared after subject departed this station

A. CHECK (X) APPROPRIATE STATEMENT(S):

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND <del>APPROPRIATE</del> SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

10 July 1958

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY J.B.	DATE 11 OCT 1958
15/10/58	

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

## SECTION C.

## JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

6	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2. Barely adequate in performance. Although he has had specific guidance or training, he often fails to carry out responsibilities. 3. Performs most of his duties acceptably, occasionally reveals some areas of weakness. 4. Performs duties in a competent, effective manner. 5. A first performance. Carries out many of his responsibilities very exceptionally well. 6. Performs his duties in such an outstanding manner that he is equalled by few other persons known to the supervisor.
---	--

COMMENTS:



SECRET

(When Filled In)

OFFICE OF PERSONNEL

## 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

## DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING

GIVING LECTURES

CONDUCTING SEMINARS

WRITING TECHNICAL REPORTS

CONDUCTING EXTERNAL LIAISON

TYPING

TAKING DICTATION

SUPERVISING

HAS AND USES AREA KNOWLEDGE

DEVELOPS NEW PROGRAMS

ANALYZES INDUSTRIAL REPORTS

MANAGES FILES

OPERATES RADIO

COORDINATES WITH OTHER OFFICES

WRITES REGULATIONS

PREPARES CORRESPONDENCE

CONDUCTS INTERROGATIONS

PREPARES SUMMARIES

TRANSLATES GERMAN

DEBRIEFING SOURCES

KEEPS BOOKS

DRIVES TRUCK

MAINTAINS AIR CONDITIONING

EVALUATES SIGNIFICANCE OF DATA

- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE  
RATING  
NUMBER

- 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
- 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
- 3 - PERFORMS THIS DUTY ACCEPTABLY
- 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
- 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB

- 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
- 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

SPECIFIC DUTY NO. 1

Analysis of records problems and establishing records procedures

RATING  
NUMBER  
6

SPECIFIC DUTY NO. 2

Supervising

RATING  
NUMBER  
6

SPECIFIC DUTY NO. 3

SPECIFIC DUTY NO. 3  
Keeping his own records and reporting on work progress.RATING  
NUMBER  
5

SPECIFIC DUTY NO. 4

RATING  
NUMBERRATING  
NUMBERRATING  
NUMBER

## 3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

## SECTION D.

## SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...COULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

6

RATING  
NUMBER

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY.

SECRET

SECRET

(When Filled In)

29 SEP 1958

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
4 April - 30 June 1958			
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	T.D.Y.

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
10 July 1958		
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
10 July 1958		

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
1	BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	
2	BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	
3	BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION	
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor)
	3	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	3	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	0	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
	0	Other (Specify)

SECRET

Potential

## SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

Three

## 4. COMMENTS CONCERNING POTENTIAL

From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and that even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinates to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.

## SECTION II.

## FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

None

## SECTION I.

## DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X = HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
5	6. KNOWS WHEN TO DEAR ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	X	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	4	18. IS OBEYANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE SUPERVISION

SECRET

SECRET

(When Filled)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

## SECTION A.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
FI RI A&O		OS-013C.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7		21 January 1957 - 15 July 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	X REASSIGNMENT-EMPLOYEE	

## SECTION B.

## CERTIFICATION

3. FOR THE RATER: THIS REPORT ☒ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

is on temporary duty

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

4. THIS DATE  
22 July 1957

SUPERVISOR'S OFFICIAL TITLE  
Coordinator, 201 Control Unit,  
RI/Analysis Section

5. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE  
Posted Pos. Control 208 7/23/57  
Reviewed by PUD D. L. REEDY 10-8-57

CONTINUED ON ATTACHED SHEET

I certify that any substantial

error is reflected in the above section.

A. THIS DATE  
22 July 1957

B. TYPED  
OFFIC

REVIEWING C. OFFICIAL TITLE OF REVIEWING OFFICIAL  
Supervisor, RI/Analysis Section

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF NEARNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:        departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicate he is doing a commendable job.

AUG 16 3:19 PM '57

SECRET

(When Filled In)

2. RATES ON PERFORMANCE OF MAIL ROOM PERSONNEL																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise is rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Choose in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
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CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
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TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p><b>DESCRIPTIVE RATING NUMBER</b></p>	<p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
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SECRET

## SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials, concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, held and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
FI RI AAO		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (inclusive dates)	
GS-7		21 January 1957 - 15 July 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
INITIAL	REASSIGNMENT-SUPERVISOR		
ANNUAL	REASSIGNMENT-EMPLOYEE		
SECTION F. CERTIFICATION			
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED			
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR		C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.			
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL		C. OFFICIAL TITLE OF REVIEWING OFFICIAL
SECTION G. ESTIMATE OF POTENTIAL			
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES			
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.			
RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES		
2. SUPERVISORY POTENTIAL			
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.			
DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION		
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION	
		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisors)	
		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)	
		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)	
		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT	
		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION	
		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX	
		OTHER (Specify)	

OFFICE OF PERSONNEL  
**SECRET**  
(When Filled-In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS SINCE THE INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION

APR 16 3 19 PM '57

4. COMMENTS CONCERNING POTENTIAL

MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
	1. ABLE TO SEE ANOTHER'S POINT OF VIEW		11. HAS HIGH STANDARDS OF ACCOMPLISHMENT		21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		12. SHOWS ORIGINALITY		22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
	3. HAS INITIATIVE		13. ACCEPTS RESPONSIBILITIES		23. IS THOUGHTFUL OF OTHERS
	4. IS ANALYTIC IN HIS THINKING		14. ADMITS HIS ERRORS		24. WORKS WELL UNDER PRESSURE
	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS		15. RESPONDS WELL TO SUPERVISION		25. DISPLAYS JUDGEMENT
	6. KNOWS WHEN TO SEEK ASSISTANCE		16. DOES HIS JOB WITHOUT STRONG SUPPORT		26. IS SECURITY CONSCIOUS
	7. CAN GET ALONG WITH PEOPLE		17. COMES UP WITH SOLUTIONS TO PROBLEMS		27. IS VERSATILE
	8. HAS MEMORY FOR FACTS		18. IS OBEYANT		28. HIS CRITICISM IS CONSTRUCTIVE
	9. GETS THINGS DONE		19. THINKS CLEARLY		29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES		20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS		30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item A, of Section A below.

## SECTION A.

## GENERAL

1. NAME (Last) - (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION SD:DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT RI RI A&O			6. OFFICIAL POSITION TITLE OS-0132.35-7 Intel Analyst		
7. GRADE OS-7	8. DATE REPORT DUE IN OF 21 Jan 57	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 22 January 1956 - 20 January 1957			
10. TYPE OF REPORT (Check one)		INITIAL		REASSIGNMENT-SUPERVISOR	
<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/>		<input type="checkbox"/> SPECIAL (Specify)	

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

2. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

3. THIS DATE 5 Feb 1957	4. SUPERVISOR'S OFFICIAL TITLE Coordinator 201 Control Unit
----------------------------	--

5. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registry on a standard equating with this evaluation.

Posted Pos. Control 11 FEB 57

Reviewed by RUD 2-7-57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference is reflected in the above section.

6. THIS DATE 5 Feb 1957	7. TYPED OR OFFICIAL	8. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/AN Section
----------------------------	----------------------	--

## SECTION C. JOB PERFORMANCE EVALUATION

### 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |                                 |   |
|---------------------------------|---|
| 5<br>INSERT<br>RATING<br>NUMBER | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|                                 | 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|                                 | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|                                 | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|                                 | 5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|                                 | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS:



SECRET

(When Filled In)

FILE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the most important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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Analysis - subjective analysis of CE, FI and PP material.	5	Assignment Management - Organization & scheduling of work.	5																								
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Has and uses area knowledge.	4																										
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>During the short time [ ] has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.</p>																											
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table border="0"> <tr> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED	2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW	3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																	
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SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SDAD
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
FI RI ALO		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7	21 Jan 57	21 January 1956 - 20 January 1957	
10. TYPE OF REPORT. (Check one)	INITIAL <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/>	SPECIAL (Specify)

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED			
A. THIS DATE	B. SIGNATURE OF RATER	C. SUPERVISOR'S OFFICIAL TITLE	D. REFERENCE OF OPINION IN ATTACHED MEMO.
5 Feb 1957		Coordinator 201 Control Unit	
2. FOR THE REVIEWING OFFICER			
A. THIS DATE	B. SIGNATURE OF REVIEWING OFFICER	C. OFFICIAL TITLE OF REVIEWING OFFICIAL	
5 Feb 1957		Supervisor, RI/Analysis Section	

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES  
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

5 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
	3	A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) where contact with immediate subordinates is frequent (First line supervisor)		
	2	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	0	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	0	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
	2	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		OTHER (Specify)		

**SECRET**

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION:  
**Three Months**

4. COMMENTS CONCERNING POTENTIAL

[ ] is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

FEB 6 3 08 PM '57

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training within the established FI/RI pattern.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS TOLERANT OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CIRCULARITY IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	3	30. DEEM NOT NECESSARY STRONG AND CONTINUOUS SUPERVISORY

**SECRET**

SECRET

## FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows what he stands for.

DATE

Revised Pos. Control

28 MAY 1956

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

1. DATE OF BIRTH

2. SEX

3. SERVICE DESIGNATION

M

DI

4. GRADE

5. STATION DESIGNATION (Current)

GS-7

Hqs

6. DUE DATE OF THIS REPORT

April 1956

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

15 April 1955 - 15 April 1956

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1954

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

ity

Subject is an intelligence analyst in the Personal/ File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all [ ] file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (Typed)	2. NAME OF REVIEWING OFFICIAL IN FIELD (Typed)
3. THIS REPORT WAS [ ] YES [ ] NO	4. DATE REPORT AUTHENTICATED AT Hqs.
5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS	6. NAME AND SIGNATURE OF FIELD SUPERVISOR
1 May 1956	CEE/1

DO NOT COMPLETE

FOR HEADQUARTERS USE ONLY

SECRET

**SECRET**  
(When Filled In)

OFFICE OF PERSONNEL

**SECTION IV**

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT. OR. SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES		X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.	X					
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X		
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.				X		
6. ANALYTIC IN HIS THINKING.				X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.				X		
9. HAS SENSE OF HUMOR.				X		
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.				X		
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X	
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA: CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.				X		
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.				X		
23. RESPONDS WELL TO SUPERVISION.				X		
24. EVEN DISPOSITION.				X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT				X		

**SECRET**

**SECRET**  
(When Filled In)

	(When Filled In)							
26. CAN THINK ON HIS FEET.				X				
27. COMES UP WITH SOLUTIONS TO PROBLEMS.				X				
28. STIMULATING TO ASSOCIATES. A "SPARK PLUG".							X	
29. TOUGH MINDED.				X				
30. OBSERVANT.				X				
31. CAPABLE.				X				
32. CLEAR THINKING.				X				
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.						X		
34. EVALUATES SELF REALISTICALLY.				X				
35. WELL INFORMED ABOUT CURRENT EVENTS.	X							
36. DELIBERATE.				X				
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.				X				
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.					X			
39. THOUGHTFUL OF OTHERS.				X				
40. WORKS WELL UNDER PRESSURE.						X		
41. DISPLAYS JOYMENT.				X				
42. GIVES CREDIT WHERE CREDIT IS DUE.				X				
43. HAS DRIVE.							X	
44. IS SECURITY CONSCIOUS.						X		
45. VERSATILE.				X				
46. HIS CRITICISM IS CONSTRUCTIVE.				X				
47. ABLE TO INFLUENCE OTHERS.				X				
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.				X				
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.							X	
50. A GOOD SUPERVISOR.				X				

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working and more than willing to work long hours. Subject has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

0. MAY 40 2 15 P.M. ADDING DEATHS

Subject is weak in his ability to express himself in writing.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUIES AND ALL OTHER CONSIDERATIONS.  
 Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

## SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.  
☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.  
☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  
☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.  
☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  
☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.  
☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION; WORKED BY RESTRICTIONS; REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.  
☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BOTHERED BY MINOR FRUSTRATIONS; WILL QUIT IF THESE CONTINUE.  
☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT; HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.  
☒ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.  
☐ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.  
☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY SEARCH FOR BETTER WORKING AND PAY, BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities than normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.  
☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.  
☒ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.  
☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.  
☐ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.  
☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating; skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.  
☐ 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.  
☐ 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.  
☐ 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.  
☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.  
☐ 6. AN ESPECIALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.  
☐ 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET

DDP-FF 7-7

SECRET  
(When Filled In)

## FIELD FITNESS REPORT

COPIED

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows the standards against which he is

Reviewed by FUD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

1. QUARTERS USE ONLY		2. SER	3. SERVICE DESIGNATION
		M	SD-D
4. GRADE	5. STATION DESIGNATION (Current)		
GS-5	Mission Headquarters		
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
	1 November 1954 - 14 April 1955		

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Analyst - CE 0136.52	25 September 1955
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Mission file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (Type)	2. NAME OF REVIEWER (Type)
3. THIS REPORT <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.	
4. DATE REPORT AUTHENTICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS
29 April 55	

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY



**SECRET**  
(When Filled In)

**SECTION IV**

**OFFICE OF PERSONNEL**

This section is provided as an aid in describing the individual. Your description is not responsible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to the degree to which people. On the right hand side of the page are four major categories of descriptions. The second category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. At the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite notion that the description is not at all suited to the individual.

STATEMENTS		CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.				X			
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X		
3. CAUTIOUS IN ACTION.						X	
4. HAS INITIATIVE.							X
5. UNEMOTIONAL.						X	
6. ANALYTIC IN HIS THINKING.						X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.						X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X	
9. HAS SENSE OF HUMOR.						X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.						X	
12. CAN GET ALONG WITH PEOPLE.						X	
13. MEMORY FOR FACTS.						X	
14. GETS THINGS DONE.							X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.						X	
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.							X
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.							X
19. HAS WIDE RANGE OF INFORMATION.						X	
20. SHOWS ORIGINALITY.						X	
21. ACCEPTS RESPONSIBILITIES.						X	
22. ADMITS HIS ERRORS.						X	
23. RESPONDS WELL TO SUPERVISION.						X	
24. EVEN DISPOSITION.						X	
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.						X	

**SECRET**

**SECRET**  
(When Filled In)

	(When Filled In)					
26. CAN THINK ON HIS FEET.				X		
27. COMES UP WITH SOLUTIONS TO PROBLEMS.				X		
28. STIMULATING TO ASSOCIATES; A "SPARK PLUG".					X	
29. TOUGH MINDED.				X		
30. OBSERVANT.				X		
31. CAPABLE.				X		
32. CLEAR THINKING.				X		
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.					X	
34. EVALUATES SELF REALISTICALLY.				X		
35. WELL INFORMED ABOUT CURRENT EVENTS.		X				
36. DELIBERATE.				X		
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.				X		
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.					X	
39. THOUGHTFUL OF OTHERS.				X		
40. WORKS WELL UNDER PRESSURE.					X	
41. DISPLAYS JUDGEMENT.				X		
42. GIVES CREDIT WHERE CREDIT IS DUE.				X		
43. HAS DRIVE.					X	
44. IS SECURITY CONSCIOUS.					X	
45. VERBATILE.				X		
46. HIS CRITICISM IS CONSTRUCTIVE.				X		
47. ABLE TO INFLUENCE OTHERS.				X		
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.				X		
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.					X	
50. A GOOD SUPERVISOR.				X		

SECTION V

A. 2147 ARE HIS OUTSTANDING STREET-59

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

9. WHAT ARE HIS OUTSTANDING DEBTS?

Subject is weak in his ability to express himself in writing.

**SECRET**  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CONSIDERATIONS:

Subject's stamina and persistence in accomplishing his tasks in <sup>81-001-1000</sup> amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

May 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

### SECTION VI

*Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.*

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- ☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- ☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- ☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- ☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- ☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- ☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... FRANK BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- ☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- ☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- ☐ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- ☒ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- ☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- ☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- ☐ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- ☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- ☒ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- ☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- ☐ 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- ☐ 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- ☐ 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- ☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- ☐ 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- ☐ 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

**SECRET**

**SECRET**  
SECURITY INFORMATION

FE 9 JWC/DV		DATE 28 June 54 27	
<b>PERSONNEL EVALUATION REPORT</b>			
Items 1 through 5 will be completed by Administrative or Personnel Officer			
1. NAME (Last)	(First)	(Middle)	2. GRADE
			GS-5
3. POSITION TITLE		Intel. Anal. CD-FT	
4. OFFICE	STAFF OR DIVISION	BRANCH	DEPT'L. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>
DDP/RI/RI	P & R Branch	Consol Section	
5. PERIOD COVERED BY REPORT		6. TYPE OF REPORT	
From	To	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special
21 Apr. 53	20 Apr. 54	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Reassignment of Supervisor
Items 7 through 10 will be completed by the person evaluated			
7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.			
As senior analyst on the EE/FI/G/Z area my duties consist of: (A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) analyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case. (B) Liaison with the area desk. (C) Supervising the work of the junior analyst.			
8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.			
Name of Course	Location	Length of Course	Date Completed
NONE			
9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?			
Intelligence work at the desk level.			
IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).			
Two years experience in RI.			
10.			
12 April 1954			
DATE			
Items 11 through 13 will be completed by Supervisor			
11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.			
[ ] has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk.			

SECRET  
SECURITY INFORMATION

OFFICE OF PERSONNEL

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?	
<div> </div> has performed his duties most outstandingly by virtue of his information and maintenance of excellent liaison relations.	
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?	
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.	
<div> </div> has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.	
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)	
<div> </div> could qualify as an Intelligence Analyst in any of the appropriate section of RI.	
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?	
None at this time	
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.	
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.	
13 April 54 DATE	<div> </div>
18 May 1954 DATE	
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown)	
20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)	
Subject transferred to FE effective 25 April 1954. <i>over</i>	

SECRET

**SECRET**  
SECURITY INFORMATION

**PERSONNEL EVALUATION REPORT**

*Items 1 through 6 will be completed by Administrative or Personnel Officer*

1. NAME <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		2. GRADE GS-4	3. POSITION TITLE File Clerk
4. OFFICE DD/P	STAFF OR DIVISION FI	BRANCH FI	<input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD
5. PERIOD COVERED BY REPORT from 4-21-52 to 4-21-53		6. TYPE OF REPORT <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor	

*Items 7 through 10 will be completed by the person evaluated*

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Review and analyze material for consolidation of 201 Personality Files. This includes making a complete impartial name check in RI/SC index and a complete search for all material pertinent to the subject in the RI/Files. Also maintain liaison with the ARS Books.

After reviewing documents, make up Cross References and any Document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
None			

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Accounting.

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (AFFITUDE, KNOWLEDGE, SKILLS).

Two years of Accounting and law school.

10.

2 April 1953

DATE  SIGNATURE

*Items 11 through 12 will be completed by Supervisor*

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.

**SECRET**  
SECURITY INFORMATION

<p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p><span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> has been most outstanding by virtue of his industry.</p>	
<p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>  	
<p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p><span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> has had little opportunity to show his ability, in this line, so far.</p>	
<p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p>Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.</p>	
<p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p>None at this time.</p>	
<p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>	
<p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>	
<p>20 April 1953</p> <p style="text-align: center;">DATE</p>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in</p> <p style="text-align: center;">DATE</p>	
<p>20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)</p>  	

**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
<input type="text"/>			<input type="text"/>	<input type="text"/>
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
<input type="text"/>			<input type="text"/>	

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW. (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIG	<input type="text"/>
DATE	<input type="text"/>

1 MAR 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE PERSONNEL  
MAR 20 1 47 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM No. 176-7  
JANUARY 1964  
(For use only until April 16 1968)  
176-101



14-00000

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student:  Dates: 23-24 February 1978  
Employee No:  Office: ISS  
Service Designation: p

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective FR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TR

Instructor

MAR 1978

Date

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

NAME (Last-First-Middle)

*Black, James S.*

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning separation from CIA as indicated by check mark:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation)  |
| <input checked="" type="checkbox"/> | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).   |
| <input checked="" type="checkbox"/> | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).   |
| <input checked="" type="checkbox"/> | 4. Standard Form 2302 (Application for Refund of Retirement Deductions).   |
| <input checked="" type="checkbox"/> | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>Continued to back</i>   |
| <input checked="" type="checkbox"/> | 6. <u>Only applicable to Retirees - Returnees</u> (resignees from overseas assignment)<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. |
| <input checked="" type="checkbox"/> | 7. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).   |
| <input checked="" type="checkbox"/> | 8. Instructions for returning to duty from Extended Leave or Active Military Service.  |

Date Signed

Correspondence

OPTIONAL FORM NO. 10

☐ Overt

☐ Covert

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student:  Dates: 23-24 February 1978  
Employee No:  Office: ISS  
Service Designation: D

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective PR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRA

Instructor

1978  
Date

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

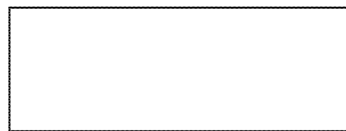
MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff

SUBJECT: Document Analysis II for Records Management Officers

1. [redacted] OPF has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, [redacted]. Classes were held daily from 0900 to 1230 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.



ADMINISTRATIVE - INTERNAL USE ONLY

20 JUL 1976

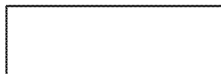
I, the undersigned, authorize the Office of Personnel  
to give to CartBlanche whatever information is necessary  
for me to obtain a credit card.

*pro  
7-21-76*

14-00000

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT



SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP



CHIEF, ISG TRAINING

14-00000

TRAINING REPORT  
OFFICE OF TRAINING

This certifies that [ ] has  
successfully completed the Introduction to Micrographics Seminar #2  
which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography  
and explores the application of this technology in controlling  
overburdened and sometimes inefficient paperwork systems. Specific  
blocks of instruction include: Image Recording Techniques,  
Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods,  
Computer Output Microfilm (COM), Micropublishing, and Development  
and Implementation of Agency Applications. Participants receive  
a portfolio of various samples of microforms, a Glossary of  
Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

[ ]  
Course Coordinator

## Final Grade Report

## Grading System:

- A - Superior Scholarship  
 B - Good Scholarship  
 C - Average Scholarship  
 D - Passing Scholarship  
 F(a) - Failure Academic  
 F(n) - Failure Non-Attendance  
 I - Incomplete  
 WX - Withdrawal during first half of term  
 WP - Withdrawal during second half of term  
 WF - Withdrawal during second half of term  
 X - Emergency withdrawal officer withdrawal

 UNIVERSITY OF MARYLAND  
 EUROPEAN DIVISION - UNIVERSITY COLLEGE  
 OFFICE OF THE REGISTRAR

Report of

Student  
Copy

Term 1, Acad. Yr. 1971/72 at Rome

Center

COURSE	Semester Hours	GRADE
ITAL 111	3	B

Signature of Instructor: DeSantis

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (50-100-40-49)

## Final Grade Report

## Grading System:

- A - Superior Scholarship  
 B - Good Scholarship  
 C - Average Scholarship  
 D - Passing Scholarship  
 F(a) - Failure Academic  
 F(n) - Failure Non-Attendance  
 I - Incomplete  
 WX - Withdrawal during first half of term  
 WP - Withdrawal during second half of term  
 WF - Withdrawal during second half of term  
 X - Emergency withdrawal officer withdrawal

 UNIVERSITY OF MARYLAND  
 EUROPEAN DIVISION - UNIVERSITY COLLEGE  
 OFFICE OF THE REGISTRAR

Report of

Student  
Copy

Term 2, Acad. Yr. 1971/72 at Rome

Center

COURSE	Semester Hours	GRADE
ITAL 112	3	B

Signature of Instructor: DeSantis

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (50-100-40-49)



Page 6 of 6  
(When Completed)

TRAINING REPORT

Americana Foreign Orientation -

16 Hours

20-21 March 1961

6 Students

Student: [REDACTED]

Year of Entry 1960

DD Form April 1952

Grade: GS-9

Office

FE

COURSE OBJECTIVES - COURSE REPORT

The course was designed to provide the student with a general overview of the country of destination. Included was a briefing on "The Americana Abroad problem," its implications for the individual employee or dependent and the Agency, practical advice for successful personal adjustment to foreign surroundings of working and living in the area of assignment, useful information on the area, and guide lines for understanding its social problems. Advice included advice for effective interpersonal relations in the particular country or region. Area information included an analysis of the importance of the mission to the United States and descriptions of the people, the institutions, and current living conditions. The course offered lectures, panel discussions, films, slides and stories, and selected area maps for a recommended general knowledge of the area. Emphasis was on content rather than on form. The area was [REDACTED].

This is a brief outline of the course. Any other information, or any other information, is [REDACTED].

20 April 1961

20 April 1961

/s/ [REDACTED]

14-00000  
(When Completed)

U. S. DEPARTMENT OF STATE

16 Form Good Orientation 20-21 March 1961

6

Name: [Redacted] Office: [Redacted]  
Student: [Redacted] Year of Birth: [Redacted]  
Grades: [Redacted] Office: [Redacted]

1. General Information

The purpose of this course is to provide students with general information for orientation of travel in the general area and country of assignment. Included are a briefing on "The Americans Abroad Problem," its implications for the individual employee or diplomat and his family, practical advice for successful personal adjustment to overseas conditions of working and living in the area of assignment, useful information on the area, and a guide line for understanding the major problems. Advice is given on the effective interpersonal relationships in the particular country or area. Area information includes an outline of the framework of the nation to the United States and description of the people, the institutions, and current major problems. The course offers lectures, panel discussions, films, slide presentations, and selected readings for a general survey of the area. Students are encouraged to ask questions and to participate in the discussion of the area.

This is a very short list of suggested reading material. It is not intended to be a complete list of references for this course.

26 April 1961

/s/

[Redacted Signature]

SECRET

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <div></div>	SEX M	DATES OF COURSE 26 October - 19 November 1959	NO. OF STUDENTS 17
DATE OF BIRTH <div></div>	EOB DATE April 1952	GRADE OR RANK GS-9	OFFICE FE/Administration
PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: TECHNIC CHARACTERIZATION OF THE COURSE

The class is conducted for 10 to 15 students. It began the nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

SECRET

14-00000  
S-E-C-R-E-T

---

SECTION V: REPORT OF STUDENT ACHIEVEMENT

---

[ ] added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

[ ]  
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <input type="text"/>	SEX <b>M</b>	DATES OF COURSE <b>21 Sept. - 15 Oct. 1959</b>	NO. OF STUDENTS <b>13</b>
DATE OF BIRTH <input type="text"/>	EOD DATE <b>April 1952</b>	GRADE OR RANK <b>GS-9</b>	OFFICE <b>FE/Administration</b>
PROJECTED ASSIGNMENT OR PRESENT POSITION <b>Records Officer</b>			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for about three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

3-6-C-R-5-7

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SECTION V: REPORT OF STUDENT ACHIEVEMENT

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[ ] considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that [ ] can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).



3-6-C-R-5-7

S-1-C-P-E-T

## TRAINING EVALUATION

## ADMINISTRATIVE SUPPORT COURSE # 2

SECTION I: IDENTIFYING INFORMATION			
NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
	M	10 - 28 May 1954	1st week-49 2nd & 3rd weeks-44
DATE	FOR DATE	GRADE OR RANK	OFFICE
	21 April 1952	GS-5	FE/FI
PROJECT ASSIGNMENT OR PRESENT POSITION			
Registry Analyst			
SECTION II: OBJECTIVES			
The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problems peculiar to Logistics, Finance, and other areas of administrative support.			
SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE			
One week of the course is devoted to lectures in the area described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.			
SECTION IV: STUDENT'S PERFORMANCE			
The instructor should have many students involved in the course. The student's performance in the course will be an indication of his ability to learn and his ability to apply the material presented. The student's performance will be an indication of his ability to learn and his ability to apply the material presented. These ratings are defined as follows:			
<p><b>EXCELLENT:</b> The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.</p> <p><b>SATISFACTORY:</b> The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.</p> <p><b>UNSATISFACTORY:</b> The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.</p>			
S-1-C-P-E-T			

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MAJOR CATEGORIES	ORAL	WRT	REPRESENT
1. Orientation in basic principles of clandestine activity.	2	30	17
2. Knowledge of clandestine services command structure and organization.	5	14	25
3. Knowledge of Agency and clandestine services regulations and administrative procedures.	2	28	14
4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC).	0	17	1
(B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion.	1	15	28
5. Preparation of Station Finance Reports.	3	5	6
6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station.	2	20	22
7. Preparation of form required for project presentation to the Project Review Committee.	1	30	13
8. Preparation of cable form used at Headquarters writing message from material given, with use of accepted digits, punctuation, and abbreviations.	1	23	4
9. Preparation of Headquarters and Field dispatch form and Field couch manifest.	0	24	10

## SECTION VI. COMMENTS

Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or anything that might have influenced his performance in the course.

FOR THE DIRECTOR OF TRAINING:



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S E C R E T

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION						
Name		Sex M	Course and Beginning Date PHASE I - ORIENTATION/9 - 19 April 54			
Date of Birth	E O D April 152	Grade or Rank GS-5	Office FE/ET			
Projected Assignment or Present Position Registry Analyst						
<p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p>						
SECTION II: KNOWLEDGE						
Subject	Hrs	Rating				
		Fail	Poor	Sat	Exc	Sup
Introduction to Intelligence	80	5	12	26*	34	12
Communism and the U S S R	40	5	17	35*	31	7
<p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p>						
SECTION III: SKILLS						
<p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p>						
Skill	Hrs.	Course Instruction		Observation		
		Objective Score	Rating or Evaluation	Av. Rating by Instructors	Av. Rating by Students	

SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS					
<i>During the course incidents were observed which suggested that this person:</i>					
Had difficulty in getting along with others.	Yes	No	Lacked motivation for an Agency career.	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lacked sufficient security-mindedness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interfered with instructional and classroom activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lacked interest in the course.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.					
<div style="text-align: center; border: 1px solid black; height: 40px; margin: 10px auto; width: 80%;"></div> <div style="text-align: right; margin-top: 5px;">Chief-Instructor</div>					
SECTION V: COMMENTS					
Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here.					
<div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>            Chief-Instructor         </div>					
SECTION VI: ADJUSTED OVER-ALL EVALUATION					
<b>FOR OPTIONAL USE BY INSTRUCTORS</b> In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an 'X' in one of boxes shows the instructor's judgment of his performance in the course.			<b>FOR OPTIONAL USE BY TRAINING OFFICERS</b> This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, age of experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.		
He was inadequate in his performance.	<input type="checkbox"/>	<input type="checkbox"/>	This is an inadequate performance.	<input type="checkbox"/>	
He was barely adequate in his performance and performed acceptably only in a limited range of assignments.	<input type="checkbox"/>	<input type="checkbox"/>	This is a barely adequate performance and raises questions concerning his suitability for his assignment.	<input type="checkbox"/>	
He performed acceptably, but was barely adequate in some respects.	<input type="checkbox"/>	<input type="checkbox"/>	This is an acceptable performance but discloses possible areas of weakness.	<input type="checkbox"/>	
He was a typically effective student who performed in a competent, dependable manner.	<input type="checkbox"/>	<input type="checkbox"/>	This is a satisfactory performance revealing a typically competent person.	<input checked="" type="checkbox"/>	
He performed at a high level of competence.	<input type="checkbox"/>	<input type="checkbox"/>	This performance reveals a high level of competence.	<input type="checkbox"/>	
He performed at an extremely high level that only a few students have surpassed.	<input type="checkbox"/>	<input type="checkbox"/>	This is an extremely competent performance that only a few persons of his background and position have surpassed.	<input type="checkbox"/>	
Training Officer's Comments					
<div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>            Training Officer         </div>					

SECRET

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MEMORANDUM FOR: Chairman, Clandestine Service Personnel Staff

SUBJECT: [ ] - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in [ ] Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of microfilm. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the microfilm and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE  
SENSITIVE INFORMATION SOURCES  
AND METHODS INVOLVED

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CLASSIFIED BY	[ ]
EACH ITEM ON THE DECLASSIFICATION	
SCHEDULE MUST BE IN THE DECLASSIFICATION CATEGORY:	
5 UNLESS OTHERWISE INDICATED (see 48 CFR 1.101)	
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED ON	
PP-212	
(unless impossible, insert date or event)	

SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

*Archibald B. Roosevelt*

Archibald B. Roosevelt, Jr.  
Chief, European Division

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### RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMR 25-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

#### GENERAL

NAME	
1. MARITAL STATUS (Check one)	
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED
<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE	
Washington, D.C.	
IF DIVORCED, PLACE OF DIVORCE DECREE	
DATE OF MARRIAGE	
6 Aug 60	
DATE OF DECREE	

#### 2. MEMBERS OF FAMILY

	TELEPHONE NO.
	24-0163
	DATE OF BIRTH
	20/2/71
NAME OF FATHER (or male guardian)	
ADDRESS	
TELEPHONE NO.	

NAME	DATE OF BIRTH	RELATIONSHIP
IS THE INDIVIDUAL NAMED ABOVE A MEMBER OF YOUR ARMY'S AFFILIATION (If NO, state name and address of organization he believes you work for.)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If NO, give name and address of person if NO, who can make such decisions in case of emergency.)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If NO, explain why in item 6.)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.		

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<b>5. VOLUNTARY ENTRIES</b>					
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>					
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>					
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>					
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>					
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p align="center" style="margin-top: 5px;"><i>In the will</i></p>					
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>					
<b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>					
<b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b> <small>(No Approval Required)</small>					
<p>RESIDENCE WHEN EMPLOYED (Full Address):</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>				
<b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> <small>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</small>					
<p>FULL ADDRESS</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>DEPUTY DIRECTOR OR DESIGNEE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </td> <td style="width: 50%; vertical-align: top;"> <p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </td> <td style="width: 50%; vertical-align: top;"> <p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> </td> </tr> </table>	<p>DEPUTY DIRECTOR OR DESIGNEE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<p>DEPUTY DIRECTOR OR DESIGNEE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
<p>SIGNED AT</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"><i>Hgo</i></div>	<p>DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"><i>9 Nov 71</i></div>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>			

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REPORT OF SERVICE ABROAD											
TO: Office of Personnel, Transactions and Records Branch, Status Section											
SERIAL NO.		NAME									
1-6		LAST (Print)			FIRST 7-26			MIDDLE			
INSTRUCTIONS											
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION ( <i>One only</i> ). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.											
PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE			
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS ( <i>Basic</i> ) 2 - CORRECTION 3 - CANCELLATION		37	38 39	CODE 40-42	
			11	18	70					210	
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE			
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY ( <i>Basic</i> ) 3 - CORRECTION 4 - CANCELLATION		37	38 39	CODE 40-42	
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA											
SOURCE DOCUMENT AND CERTIFICATION											
TRAVEL VOUCHER						DISPATCH					
CABLE						<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER ( <i>Specify</i> )											
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD					
REMARKS											
PREPARED BY						REPORT SUBMITTED ON CONTROL DOCUMENT					
JACO						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
C & L DIVISION, CTR.						DATE					
<input checked="" type="checkbox"/> C & L DIVISION						SIGNATURE					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER											

30 June 1970

MEMORANDUM FOR: Chief, European Division

FROM : Chief of Station [redacted]

SUBJECT : Promotion Recommendation -  
[redacted]

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the [redacted] Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in [redacted] testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff has certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time [redacted] by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The [redacted] Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant



-2-

Subject's continued attention.

In view of his really excellent performance and high promise, it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy  
COS

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REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST				FIRST				MIDDLE		
I-S		(Pcirt)				Z-26						
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 86, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TIME OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	1 - BASIC DATA 3 - CORRECTION 5 - CANCELLATION			37	38	39	40-42
11	18	68							1			210
TOY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TIME OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TOY (Temporary) 4 - CORRECTION 6 - CANCELLATION			37	38	39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DAYS STATUS OR TIME AND ATTENDANCE REPORT						
Other (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE PERIOD						
						1-18-68						
REMARKS												
PREPARED BY			REPORT ANNOTATED BY			BASIC DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
REC			CONTROL DOCUMENT									
C & A DIVISION, 2700.			DATE			895:0300						
X T & P DIVISION												
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

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IMPORTANT

Central Processing Branch has been charged with responsibility (OM 20-6-  
dated October 1961) for ensuring that all employees processing PCS to the  
field have reviewed the field version of the Employee Conduct Handbook. You  
will not be checked out for your proposed travel until you sign the following  
statement and return it to CPB. Your Personnel Officer can provide you with a  
copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of  
Field Handbook 20-6, Employee Conduct, dated 30 July 1962.

[Redacted Signature Box]

Signature

15 NOV 68  
cto

JAMES G. ROSS

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(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	Vietnam	40-42
			10	03	68		1			7/10

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT

OTHER (Specify) teleprint

DOCUMENT IDENTIFICATION  DOCUMENT DATE/PERIOD 10/3/68

REMARKS

PREPARED BY	REPORT APPROVED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
UIC	DATE <u>10/5/68</u>	SIGNATURE <span style="border:1px solid black; padding:2px 50px;"></span>
C & L DIVISION, CTR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

# REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**SERIAL NO.**

**NAME**

**LAST**

**FIRST**

**MIDDLE**

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	17 18 19		40-42
01	1	467					1	Vietnam	772

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	SPECIAL	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	17 18 19		40-42

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 764	DOCUMENT DATE/PERIOD
------------------------------------	----------------------

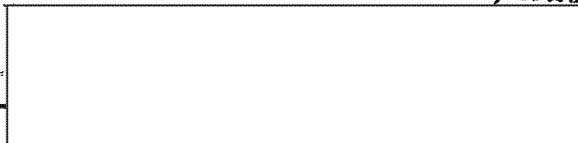
REMARKS

PREPARED BY	REPORT INITIATED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
CCO	CONTROL DOCUMENT	
C & L DIVISION, CYBER	DATE 5/22/01	SIGNATURE
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

CONFIDENTIAL  
(When Filled In)

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.



JAMES S. WOOLLS

28 NOV 66  
Date

CONFIDENTIAL  
(When Filled In)

14-00000  
SECRET  
(When Filled In)

19 December 1966


MEMORANDUM FOR:

THROUGH : Head of <sup>CS</sup> Career Service

SUBJECT : Notification of Designation as a Participant  
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined in HR 20-50 for designation as a participant in the CIA Retirement and Disability System. Your designation as a participant was made effective ~~18 December 1966~~.

2. You are hereby notified of your right to appeal this action to the Director of Central Intelligence as specified in HR 20-50. Such appeal must be received in the Office of the Director not later than 30 calendar days from the date of this memorandum.

  
Emmett D. Echols  
Director of Personnel

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6	(Print)	7-24		25-26
				45

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

#### PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION	1	04	24	61	09	24	66		375

#### TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
5 - CANCELLATION									

#### SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input type="checkbox"/>	TRIP REPORT	<input type="checkbox"/>
CABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT	
OTHER (Specify)			

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	5/28 - 9/24/66

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE	SIGN
<input checked="" type="checkbox"/> C & T DIVISION	10/17/66	

FORM 1451a  
10-64 USE PREVIOUS EDITIONS.

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-10)



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

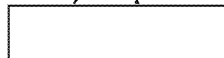
Date: 24 Nov 66

SECRET

23 MAR 1966

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of  
Quality Step Increase -



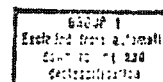
1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. As this award is designed to encourage excellence by recognizing and rewarding the employee, may I ask that you arrange to have this Quality Step Increase presented at an appropriate ceremony.



Emmett D. Echols  
Director of Personnel

SECRET



~~SECRET~~

29 MAR 1966

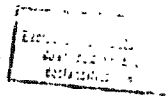
MEMORANDUM FOR: 

SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Desmond Fitzgerald  
Deputy Director for Plans

~~SECRET~~

SECRET

CP-257

4 MAR 1956

MEMORANDUM FOR: Deputy Director for Plans

ATTENTION: DDP/OP

SUBJECT: Request for Quality Step Increase  
for [ ] GS-09

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for [ ]

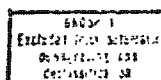
2. [ ] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time [ ] has served as a Records Analyst at Headquarters, [ ] and since 1961 in the Central Registry Section of the [ ] [ ] is 37 years old and has been in grade as a GS-09 since 1958.

3. [ ] exceptional performance is described by the [ ] Station as follows:

"A. [ ] is now on his second tour as Chief of the [ ] Station Registry. This unit is located at [ ] and handles all correspondence for all Station elements. In view of the fact that the Station is located [ ] a great deal of responsibility is given to [ ] to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexewriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to [ ] who is Chief of this unit. [ ] does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

SECRET



SECRET

"C. In addition to his normal duties, [ ] is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of [ ] demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. [ ] has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, [ ] stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of [ ] He is performing his duties as Chief of the [ ] Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to [ ] but in this particular case it appears that a Quality Step Increase is more appropriate.

[ ]  
+ William E. Colby  
Chief, Far East Division

APPROVAL RECOMMENDED:

[ ]  
Secretary, CS Panel Section C

MAR 11  
1966

MAR 11  
1966

Date

SECRET

SECRET

SUBJECT: Request for Quality Step Increase  
for [REDACTED] GS-09

CONCUR:

[REDACTED]

DLP/OP

15 March 66

Date

APPROVED:

[REDACTED]

for Director of Personnel

18 Mar '66

Date

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 26-28
	LAST (Print)	FIRST	MIDDLE	
				56

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		
3 - CORRECTION									
5 - CANCELLATION	1	04	15	61					375

## TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		
4 - CORRECTION									
6 - CANCELLATION									

## SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	<input checked="" type="checkbox"/> DUTY STATUS UP-TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD 30 MAR - 15 APR 1961
-----------------------------	--

REMARKS

PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 26 JUNE 1961	SIGNATURE	
FINANCE DIVISION <i>SPR</i>			

Standard Form No. 2800 CHAPTER 4-15 P.P.M. 6-7-61-1000		<b>HEALTH BENEFITS REGISTRATION FORM</b> <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Read Instructions on back of last page. Use only typewriter or ballpoint pen.)</small>		CARRIER'S CONTROL NO. <div style="border: 1px solid black; display: inline-block; padding: 2px;">078-38</div>	
<b>PART A</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. DATE OF BIRTH <small>(Month, Day, Year)</small> <div style="border: 1px solid black; display: inline-block; padding: 2px;">             MONTH DAY YEAR           </div>	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	4. YOUR MAILING ADDRESS (PLEASE PRINT STREET) (CITY AND ZONE NUMBER) (STATE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$4,999 <input type="checkbox"/> \$5,000 TO \$5,999 <input checked="" type="checkbox"/> \$6,000 TO \$6,999 <input type="checkbox"/> \$7,000 TO \$7,999 <input type="checkbox"/> \$8,000 TO \$8,999 <input type="checkbox"/> \$9,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>		
<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.  <small>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3. If applicable.</small>  THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of this enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>NAME OF PLAN</b>            Association Benefits Plan - Family         </div> <div style="width: 15%;"> <b>OPTION (PLAN OR SELF)</b>            High         </div> <div style="width: 40%;"> <b>ENROLLMENT CODE NUMBER</b>  <div style="display: flex; justify-content: space-around;"> <span>4</span><span>2</span><span>2</span> </div> </div> </div>				
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				
	<b>NAMES OF FAMILY MEMBERS</b> Wife or Husband		<b>DATE OF BIRTH</b> <small>(Month, Day, Year)</small>		
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>PART C</b>  FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.				
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		3. The reason for my election is: (Place an "X" in proper box.) (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or spouse. <input type="checkbox"/>		
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/>		
<b>PART D</b>  FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in item 8.				
	1. Enrollment code number of present plan: <div style="display: flex; justify-content: space-around;"> <span>4</span><span>2</span><span>5</span> </div>		2. Date of event which permits change. <small>(See table on back of duplicate for proper number.)</small> <div style="display: flex; justify-content: space-around;"> <span>8</span><span>1</span> </div>		
	3. Date of event which permits change. <small>(See table on back of duplicate for proper number.)</small> <div style="display: flex; justify-content: space-around;"> <div>             MONTH DAY YEAR              March 22 1964           </div> </div>				
<b>PART E</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	YOUR SIGNATURE—OF SELF FIRST (LAST) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		4. DATE RECEIVED BY EMPLOYING OFFICE <div style="border: 1px solid black; display: inline-block; padding: 2px;">3-6-64</div>		
	5. EFFECTIVE DATE OF ELECTION <div style="border: 1px solid black; display: inline-block; padding: 2px;">3-15-64</div>		6. PAYROLL OFFICE NO. <div style="border: 1px solid black; display: inline-block; padding: 2px;">5010</div>		
<b>PART F</b>  TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF THE AGENCY HEALTH BENEFITS OFFICER (100-1000000000)		7. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY. <div style="display: flex; justify-content: space-between;"> <span>15</span> <span>5010</span> </div>				



**SECRET**  
(When Filled In)

<div style="float: left; font-size: 2em; margin-right: 20px;">19</div> <b>VERIFIED RECORD OF OVERSEAS SERVICE</b>										
<b>TO:</b> Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT		
1-6		LAST (Prior)		FIRST		MIDDLE		25-26		
								57		
<b>INSTRUCTIONS</b> USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
<b>PCS DATES OF SERVICE</b>										
TYPE OF DATA		ARRIVAL		DEPARTURE			COUNTRY		OMIT	
1 - PCS (Basic)		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	40-42	
3 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39		
5 - CANCELLATION		1				03	19	59	575	
<b>TDY DATES OF SERVICE</b>										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
2 - TDY (Basic)		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	40-42	
4 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39		
5 - CANCELLATION										
<b>SOURCE OF RECORD DOCUMENT</b>										
<input checked="" type="checkbox"/> TRAVEL VOUCHER					DISPATCH					
CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
REMARKS										
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
FISCAL DIVISION		DATE			SIGNATURE					
FINANCE DIVISION										

Standard Form No. 2879  
CHAPTER 1-5 FPM.  
5 GAO 5-05

**HEALTH BENEFITS REGISTRATION FOR 1961**  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

CARRIER'S CONTROL NO.

082697

<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (The numbers)		3. Are you now married?
			MONTH DAY YEAR		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			STATE		3. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				7. Place an "X" in proper box to show your annual basic salary range.
					UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)				
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER
	FEDERAL EMPLOYEES PLAN		LOW		1 2 5
	2. In space below list all eligible family members without exceptions. List your wife or husband first, then your unmarried children under age 19, including legally adopted children and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		
	Wife or Husband				1
					2
					3
					4
					5
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.				
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		3. The reason for my election is (Place an "X" in proper box)		
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>		
<b>PART F</b> TO BE COMPLETED BY AGENCY.	1. Enrollment code number of present plan.		2. Number of event which permits change. (See table on back of duplicate for proper number.)		3. Date of event which permits change.
	4 2 2		7		MONTH DAY YEAR MAY 31 1961
<b>PART G</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. NAME AND ADDRESS OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE		3. EFFECTIVE DATE OF ELECTION
			3/27/61		4/16/61
<b>REMARKS</b> FOR USE ONLY BY AGENCIES AND AGENCIES.	4. PAYROLL OFFICE NO.		5. PAYROLL ACTION (INITIALS AND DATE)		
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL					
17 APR 61					
FE					
X-7579					
110032					

Triplicate—To Employing Office

APRIL 1961

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature Box]

[Redacted Signature Box]

Date: 21 Feb. 1961

Standard Form No. 2809 CHAPTER I - U.P.M. 6 (Rev. 1-1-60)		HEALTH BENEFITS REGISTRATION FOR 1 2362		CAREER'S NUMBER NO 000000	
(Read instructions on back of last page. Use only Appendix or last page.)		1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use Appendix)	
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2		3. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2	
4. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3 \$10,000 OR OVER <input type="checkbox"/> 4			
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			
NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER	
2. In space below list all eligible family members without exception: list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1		1	
		2		2	
		3		3	
		4		4	
		5		5	
		6		6	
		7		7	
		8		8	
		9		9	
		10		10	
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
PART C FILE IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.		PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3			
1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		3. The reason for my election is (Place an "X" in proper box)			
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1			
		(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2			
		(c) Any other reason. <input type="checkbox"/> 3			
PART D FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.		I elect to change my enrollment as shown by the enrollment number and other information in Part B			
1. Enrollment code number of present plan.		2. Number of event which permits change (See table on back of booklet for proper number)		3. Date of event which permits change	
4 2 1		2		AUG 6 1960	
PART E ALL WHO REGISTER MUST FILE IN THIS PART.		WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)			
PART F TO BE COMPLETED BY AGENCY.		2. DATE RECEIVED BY EMPLOYER'S OFFICE 8/11/60			
		3. EFFECTIVE DATE OF ELECTION 8/11/60			
		4. PAYROLL OFFICE NO.			
		5. PAYROLL ACTION (INITIALS AND DATE)			
REMARKS FOR USE ONLY BY AGENCY AND AGENT.					

Standard Form No. 2800 CHAPTER I-5 FPM 6-1-60 (Rev.)		<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only handwritten or ballpoint pen.)		CARRIER'S CONTAINER NO. 3362 003076																								
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH																									
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)		3. Are you now married? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>																									
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	5. Are you covered by, or is any family member listed below cov- ered by, an enrollment in a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6. Place an "X" in proper box to show your annual basic salary range: UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>																									
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Triplicate—To Employing Office

AFR 1-59

10564

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature Box]

[Redacted Signature Box]

Date:

23 Aug 57

CONFIDENTIAL

29 November 1956

[ ] Station wishes to express its appreciation to [ ] his most diligent performance of duty during his recent TDY here, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that [ ] station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All [ ] Station personnel connected with the work of the TSI Team members were impressed and gratified by the eagerness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects much credit not only on the team members themselves but on the Records Integration Branch as well.

[ ]

CONFIDENTIAL

CONFIDENTIAL  
(When Filled In)

144 Cecil Hall  
Wash. Branch  
10-3

1. NAME (Last) (First) (Middle)				2. THIS DATE 6 August 1952	
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME					
<input checked="" type="checkbox"/> WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)		<input checked="" type="checkbox"/> SICK DISEASES			
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> INCOME REPLACEMENT			
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF CHANA - HOSPITALIZATION		* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.			
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)					
<input checked="" type="checkbox"/> AIR TRIP INSURANCE					
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)					
WDC - <span style="border: 1px solid black; padding: 0 10px;"> </span> - WASH - TDY					
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.				SIGNATURE OF EMPLOYEE	
TYPE OF POLICY		DESIRED	HOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD
AIR TRIP FLIGHT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2017	4.00
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS				SIGNATURE OF EMPLOYEE	
7. EMPLOYEE INTERVIEWED BY		CPB (Signature)			
8. REMARKS					
When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.					

INSURANCE QUESTIONNAIRE



CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

Date 23 July 1954

Dear

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.C.

Base Salary: GS-5 \$3535.00

2. You will be:

a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.

b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.

c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

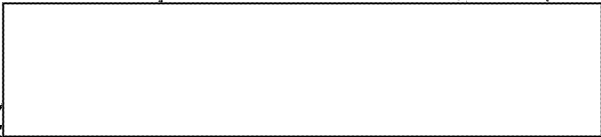
3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

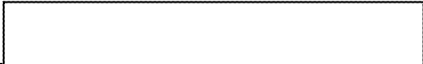
5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

  
Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

  
Employee

23 July 54  
Date

2200

FE-1

Wing E 13<sup>th</sup> Flt

No 10

## INSURANCE QUESTIONNAIRE

Page 1

1. NAME  2. THIS DATE 10 June 54

3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME:

☒ WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WARPA) ☐ MUTUAL BENEFIT OF OMAHA

NI ☒ GROUP HOSPITALIZATION INCORPORATED ☒ AIR TRIP INSURANCE

4. ITINERARY (To be completed only for )

Lvg Wash. 2 July 54

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
WARPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#2574	P/R - \$8.33-9/11/54	\$27.25
Air Trip Ins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28354		\$4.00

SIGNATURE

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:

SIGNATURE

7. EMPLOYEE INTERVIEWED BY:

CPB:  SIGNATURE

ICB:  SIGNATURE

8. REMARKS:

When completed, the original of this form should be forwarded to T&RD for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

C.I.A.

(Department or agency)

Washington, D.C.

(Bureau or division)

(Place of employment)

I, , do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

April 21, 1952  
(Date of entrance on duty)

Subscribed and sworn before me this 21st day of April, A. D. 1952,

at Washington  
(City)

D.C.

[SEAL]

(Signature of officer)

U.S.C. 16 & 16A  
(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

--	--


INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS <small>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY</small>
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
8. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
9. SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORFEITED YOUR RIGHT FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY PLACE OF EMPLOYMENT? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason for such case.</i>		X		
11. HAVE YOU EVER BEEN ARRESTED FOR VIOLATIONS OF TRAFFIC LAWS OR FOR WHICH YOU WERE FINED \$25 OR LESS OR FOR WHICH COLLATERAL OF \$5 OR LESS, SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and function of the court; (4) the penalty imposed, if any; or (5) the disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be retained by the appointing officer, pending suitability to examination with any record of errors, omissions, or errors, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and photograph are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned as to his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules 4-2 (2) appropriate with Form 10 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the verifying office of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE				OFFICE		DIVISION				
NAME (Last) (First) (Middle)				GRADE		SECTION				
				050		RL				
				Pursuing a Record		File				
I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)										
AGENCY	LOCATION	FROM			TO			TOTAL SERVICE		
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
C. I. A.	15th St. Penn.	21	4	1952						
Treasury Dept.	15th St. Penn.	7	11	1951	25	4	1952	14	5	-
Treasury Dept.	15th St. Penn.	19	5	1950	19	9	1950	10	3	14
		Total Civilian Service			15			9 -		
II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY DO NOT INCLUDE TERMINAL LEAVE)										
BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE			
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.	
Army	3	10	1946	12	4	1948	10	8	1	
Army	19	10	1950	7	8	1951	15	7	1	
		Total Military Service			9			2		
III. CERTIFICATION										
I hereby <del>certify</del> (or affirm) that the above Civilian and Military service is complete and accurate to the best of my knowledge. Date: April 21, 1952 Signature of Employee: [Signature] Remarks: (CONCERNING ABOVE SERVICE) 505C/16016-2 DED 12-5-48 MAY BE CONTINUED ON NON-REPLACEMENT SERVICE CARD										
V. FOR PERSONNEL OFFICE USE ONLY TOTAL CREDITABLE SERVICE DAYS MONTHS YEARS 25 1 3 as of 21 April 1952										

**PERSONNEL QUALIFICATION QUESTIONNAIRE**

1. Serial No. (no entry)	2. NAME: (last) (first) (middle) <div></div>	3. Office <i>RI/FI</i>
4. Date of Birth	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2) Marital Status: <i>Single</i> Nr. Dependents: <i>0</i>	6. Employment Date: <i>April 1952</i>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) _____ Year U.S. citizenship acquired, if not by birth _____	

**SEC. I. EDUCATION**

1. Extent: (circle one)

- |  |  |                   |
|--|--|-------------------|
| 1. Less than high school                         | <input checked="" type="radio"/> 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate                          | 5. Over two years, no degree                                   | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | 6. Bachelor degree   |                   |
|  | 7. Post-graduate study (minimum 8 sem. hrs.)                   |                   |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
<i>Wakers Business School - Grand Forks N. Dakota</i>	<i>Accounting</i>	<i>Law</i>	<i>Oct 48</i>	<i>Feb 50</i>			<i>Junior Accounting</i>	<i>Diploma</i>	
<i>Strayer College Washington D.C.</i>	<i>Accounting</i>	<i>Law</i>	<i>Now attending</i>						

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

# SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>April 52</u> To <u>Nov 54</u> Tot. mos. <u>7</u>	Description of Duties:
Grade <u>GS-4</u> Salary <u>3175</u> yr.	<u>Supervise the changing of the folders from folders to single documents.</u>
Office <u>RI/FI</u>	<u>Autostat documents for P&amp;I</u>
Position <u>CHERK</u>	<u>Do requests and other general office duties.</u>
Duty Title: <u>General Office Work</u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:
From <u>      </u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties:
Grade <u>      </u> Salary <u>      </u>	
Office <u>      </u>	
Position <u>      </u>	
Title: <u>      </u>	
Duty Title: <u>      </u>	Duty Station, if overseas:



SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

From <u>Jan 52</u> To <u>Jan 54</u> Tot. mo's <u>4</u> Classification Grade (if in Federal Service) <u>GS-3</u> Salary <u>2950</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>Working with Mexican Claims</u>
From <u>May 50</u> To <u>Jan 54</u> Tot. mo's <u>7</u> Classification Grade (if in Federal Service) <u>GS-2</u> Salary <u>2150</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>verified checks for correct names, addresses and money.</u> <u>Other (3 months of this period spent in the Army)</u> Duty Station if overseas:
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____

## SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U. S. Secret Service         | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U. S. Border Patrol          | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U. S. Narcotics Squad        | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

## SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study	

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

#### SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
<del>Tokyo, Japan</del>	<del>Jan 47 - March 48</del>	X (Army)		
Korea	Dec 50 - June 51	X (Army)		

#### 2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

#### SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 54%	2.	35	1. Yes 2. No
Shorthand	1.	2. ✓		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

#### SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.

#### SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

# SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.


# SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

# SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken.

Type of Test	Date Taken

# SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

<i>None</i>

# SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour <input checked="" type="checkbox"/>	(2) 4 year Tour <input type="checkbox"/>	(3) Not interested <input type="checkbox"/>
---	--	---

# SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

<i>One in which I may be able to use my accounting experience, such as in the finance work or administrative work.</i>

#### SEC. XIV. MILITARY STATUS

1. Present Draft Status  
Have you registered under the Selective Service Act of 1948? ☒ Yes ☐ No.  
If yes, indicate your present draft classification 4 F

2. Present Reserve or National Guard Status  
Do you now have Reserve or National Guard Status ☐ Yes ☒ No.  
If yes, complete the following.

1. ☐ National Guard
2. ☐ Air National Guard
3. ☐ Active Reserve Status (member of organized unit)
4. ☐ Inactive Reserve Status

Service ARMY Grade P.F.C. Serial Number

Reserve Unit with which currently affiliated \_\_\_\_\_

Service Mobilization Assignment, if any \_\_\_\_\_

Location of Service Records, if known Washington 25, D.C.

#### SEC. XV. TRAINING

List the training courses or subjects you have taken in this organization.

Course or Subject	(from) Dates (to)	Hours

#### SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.


DATE Nov. 13, 1952

SIGNATURE

WEAR

## REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT)

Asst Clk.

THIS DATE

20 December 1951

## TEST RECORD

NOTE: PRINTED BLACK LINE REPRESENTS MEAN PERCENTILE RANKINGS OF GS-4'S. COLORED LINE REPRESENTS PERCENTILE RANKINGS FOR THIS PARTICULAR SUBJECT.

					PROFILE											
					T	L	1	2	3	4	5	6	7	8	9	M
DIRECTIONS																
CLERICAL																
SPELLING																
SENTENCES																
NUM. ABIL.																
ABST. REAS.																
SPACE REL.																
VERB. REAS.																
TYPING		SHORTHAND														
GROSS NET ERRORS		1	2	3	TOT. TIME											
28 18 10																

## EVALUATION OF EDUCATION AND EXPERIENCE

TYPE OF POSITION		OUTSTANDING	SUPERIOR	ADEQUATE	WEAK	INADEQUATE
EDUCATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS TECHNICIAN

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		25 August 1976	
2. NAME (Last, First, Middle)		3. POSITION TITLE	
2019028		Records Admin Officer	
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
DDO/ACS/ASD		6352	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL <i>Feb 6</i>  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">           ETD            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
10. COMMENTS		ROOM NO. & BUILDING	
		EXT. <i>6311</i>	
11. REPORT OF EVALUATION			
Annual Exam Completed.			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	
4 October 1976		OIS/PEO <i>5</i>	

## SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
				GS-10	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)			5. PRESENT POSITION		6. EMPLOYEE EXTENSION
DDP/EUR			Records Admin Officer		a/o7152
7. PROPOSED STATION			8. PROPOSED POSITION (Title, Number, Grade)		
			Records Admin Officer 0699 (09)		
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
		31 May 1971		-2-	
12. COMMENTS					
<p>Please evaluate for proposed assignment.</p> <p>No language is required for this position</p> <p>Form 58 attached</p>					
13. DATE OF REQUEST		14. OFFICIAL		15. ROOM NUMBER AND BUILDING	
8 March 1971		E/Pers		4B0002 Hq.	
				7152	
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<p>QUALIFIED FOR OVERSEAS ASSIGNMENT</p> <p>NOV 1 1971</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					



**SECRET**  
(When Filled In)

## QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

### SECTION I BIOGRAPHIC AND POSITION DATA

	DD
--	----

### SECTION II EDUCATION

#### HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	--------------------------------	--------------------------	--

#### COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
UNIVERSITY OF MARYLAND			1964-1970			24 SEM HRS
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

### TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

### OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

### SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

### SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE				American	
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE					

**SECRET**

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(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY - CHECK (X)			
				TEST-DRILL	TRAVEL	STUDY	CODE ASSIGNMENT
1.		MAR 11 9 21 AM '71					
2.		MAIL ROOM					
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (PPM)		2. SHORTHAND (PPM)		3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
				<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY:			
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG				<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY (RESERVE) <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED			
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
1.							
2.							
3.							
SECTION X REMARKS							
DATE							
310							
X							

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(When Filled In)

OFFICIAL USE ONLY (When Filled In)

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last First Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE/GRADE/STEP
				GS-09-07
6. SSN	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	RECORDS ADMIN OF	PE	SAIGON, SOUTH VIET NAM	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
VIETNAM	PCS 56	94/08/01	98/07/01
	TDY 56	96/08/01	96/11/01
	TDY 56	97/02/01	97/08/01
	PCS 56	97/09/01	99/03/29
	PCS 45	61/04/24	66/09/24
	PCS 6	67/01/04	68/10/3

**OVERSEAS DATA**

COLED

DATE: 16 OCT 1968

INITIALS:

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
	NO COLLEGE DEGREE ON RECORD		

FORM  
1-7 3441  
MAY 2-67

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

28 FEB 1970

(451)

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When Filled In

SECTION III EDUCATION (Cont'd)							
HIGH SCHOOL							
LAST HIGH SCHOOL ATTENDED		ADDRESS City State Country			YEARS ATTENDED From To		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM - QTR MRS (Specify)	
	MAJOR	MINOR					
1 U. OF MD.		ENG I	1966				3
2 U. OF MD.		PHY 10	1966				3
3 U. OF MD. SAIGON		HIS 127	1967				3
4 U. OF MD. SAIGON		PHY 31	1967				3
5 U. OF MD. SAIGON		PHY 1	1967				3
6 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.							
<p>CS.</p> <p>CHIEF OF STAFF</p>							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
4							
5							
AGENCY SPONSORED EDUCATION							
Specify which, if any, of the education shown in Section III was Agency sponsored							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
4							
5							

SECRET

- 2 -

(When Filled In)

[illegible]

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(When Filled In)

SECTION VIII			AGENCY EMPLOYMENT HISTORY	
1. INCLUSIVE DATES (From-To-by month & year)		2. LOCATION (Country, City)		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH
APR 61 - DEC 68		S. 1900 V. H. T. N. M. I. N.		
4. TITLE OF JOB			5. GRADES HELD IN JOB	
6. DESCRIPTION OF DUTIES				
1. INCLUSIVE DATES (From-To-by month & year)		2. LOCATION (Country, City)		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH
APR 61 - SEPT 66				FE
4. TITLE OF JOB			5. GRADES HELD IN JOB	
CHIEF OF REGISTRY			GS 9	
6. DESCRIPTION OF DUTIES				
SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.				
1. INCLUSIVE DATES (From-To-by month & year)		2. LOCATION (Country, City)		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH
FEB 59 - MAR 61		WASH. D.C.		FE
4. TITLE OF JOB			5. GRADES HELD IN JOB	
RECORDS ADMIN OFFICER			GS-9	
6. DESCRIPTION OF DUTIES				
ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE APERTURE CARD SYSTEM.				

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When Filled In

SECTION VIII		AGENCY EMPLOYMENT HISTORY (Cont'd)	
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
AUG 57 - FEB 59	[REDACTED]	FE	GS-7 & GS-9
4. TITLE OF JOB		5. GRADES HELD IN JOB	
CHIEF OF RECORDS MANAGEMENT TEAM		GS-7 & GS-9	
6. DESCRIPTION OF DUTIES			
<p>CHIEF OF A TEAM OF THREE INDIVIDUALS <del>WERE</del> STATIONED PCS [REDACTED] but TRAVELLED THROUGHOUT THE F.E. [REDACTED] TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
FEB 57 - JULY 57	[REDACTED]	WH	GS-7
4. TITLE OF JOB		5. GRADES HELD IN JOB	
TEAM MEMBER OF RECORDS MANAGEMENT TEAM		GS-7	
6. DESCRIPTION OF DUTIES			
<p>MEMBER OF A TEAM OF 4 <del>WERE</del> SENT [REDACTED] TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS. THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHARGE-OUT SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
AUG 54 - NOV 56	[REDACTED]	FE	GS-5 & GS-7
4. TITLE OF JOB		5. GRADES HELD IN JOB	
ADMIN ASSISTANT		GS-5 & GS-7	
6. DESCRIPTION OF DUTIES			
<p>NAME TRACES AND OTHER REGULAR REGISTRY DUTIES.</p>			

SECRET

- 6 -

When Pilled In?

**SECTION DI**

**MARITAL STATUS**

1 PG55C4 STATUS Single Married Widowed Separated Divorced Annulled Marriage SPEC FU

22.456117

[illegible][illegible]

## SECTION XI

NONE

## PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

[illegible]

**CAT 9**

9 OCT 68

49 Nov 1, 1961

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**SECRET**



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(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE							
<div style="position: relative; height: 40px;"> <span style="position: absolute; top: -20px; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">Return to</span> </div>									
<p><b>INSTRUCTIONS</b></p> <p>This form provides the means whereby your official personnel file will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item you are reporting is more complete than you have previously reported.</p>									
<div style="position: relative; height: 40px;"> <span style="position: absolute; top: -20px; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">1604 Curie</span> </div>									
<b>SECTION I</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">HOME TELEPHONE NUMBER</td> <td style="width: 30%;">4791</td> <td style="width: 40%;">U.S.A.</td> </tr> </table>			HOME TELEPHONE NUMBER	4791	U.S.A.				
HOME TELEPHONE NUMBER	4791	U.S.A.							
<b>SECTION II</b>									
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">4791</td> <td style="width: 30%;">NA</td> <td style="width: 40%;">1604</td> </tr> </table>			4791	NA	1604				
4791	NA	1604							
<p>8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.</p> <p style="text-align: center;">NA</p>									
<b>SECTION III</b>									
MARITAL STATUS									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. CHECK (X) ONE:</td> <td style="width: 15%;"><input checked="" type="checkbox"/> SINGLE</td> <td style="width: 15%;"><input type="checkbox"/> MARRIED</td> <td style="width: 15%;"><input type="checkbox"/> WIDDED</td> <td style="width: 15%;"><input type="checkbox"/> SEPARATED</td> <td style="width: 15%;"><input type="checkbox"/> DIVORCED</td> <td style="width: 15%;"><input type="checkbox"/> ANNULLED</td> </tr> </table>			1. CHECK (X) ONE:	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDDED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED
1. CHECK (X) ONE:	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDDED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED			
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS									
<p>WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancée.</p>									
3. NAME									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">(First)</td> <td style="width: 25%;">(Middle)</td> <td style="width: 25%;">( maiden)</td> <td style="width: 25%;">(Last)</td> </tr> </table>			(First)	(Middle)	( maiden)	(Last)			
(First)	(Middle)	( maiden)	(Last)						
4. DATE OF MARRIAGE									
5. PLACE OF MARRIAGE (City, State, Country)									
6. HIS (or HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">7. LIVING</td> <td style="width: 33%;">8. DATE OF DEATH</td> <td style="width: 33%;">9. CAUSE OF DEATH</td> </tr> </table>			7. LIVING	8. DATE OF DEATH	9. CAUSE OF DEATH				
7. LIVING	8. DATE OF DEATH	9. CAUSE OF DEATH							
10. CURRENT ADDRESS (Give date address, if deceased)									
11. DATE OF BIRTH									
12. PLACE OF BIRTH (City, State, Country)									
13. IF BORN OUTSIDE U.S. DATE OF ENTRY									
14. PLACE OF ENTRY									
15. CITIZENSHIP (Country)									
16. DATE ACQUIRED									
17. WHERE ACQUIRED (City, State, Country)									
18. OCCUPATION									
19. PRESENT EMPLOYER (Also give former employer, or if school or university or unemployed, list two employers)									
20. EMPLOYER'S OR OWNERS ADDRESS (No., Street, City, State, Country)									

SECTION III CONTINUED TO PAGE 2

**SECRET**  
(When Filled In)

**SECTION III CONTINUED FROM PAGE 1**

21. DATES OF MILITARY SERVICE (From- and To- ) BY MONTH AND YEAR

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

**SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS**

1	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

*NA*

**SECTION V FINANCIAL STATUS**

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☒ YES

☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

*NA*

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
	<i>Washington, D.C.</i>

SECTION V CONTINUED TO PAGE 3

**SECRET**

**SECRET**  
(When Filled In)

**SECTION V CONTINUED FROM PAGE 2**

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S):  
  
NA

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS:  
  
NA

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

**SECTION VI**

**CITIZENSHIP**

1. PRESENT CITIZENSHIP (Country):  
U.S.A.

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
☒ BIRTH ☐ MARRIAGE ☐ OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS:  
NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.):  
NA

**SECTION VII**

**EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input checked="" type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			
NA	NA						

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
HADLICK'S PRIVATE	ACCOUNTING	NOV-48	APR-49	9 MONTHS
BUSINESS SCHOOL		OCT-49	FEB-50	
GRAND FORKS, N.DAK.				

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
NA				

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE:  
NA

**SECRET**

When Filled In:

## SECTION VIII

FOREIGN LANGUAGE ABILITIES

SECTION VIII		FUNCTION LANGUAGE ACTIVITIES					HOW ACQUIRED			
LANGUAGE		COMPETENCE - IN ORDER LISTED					NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)
		EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT NOT NATIVELY ACQUIRED	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE				
<p>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</p>		<p>R = READ W = WRITE S = SPEAK</p>								
		R	W	S	R	W	S			
		CANCELLED								

2. IF YOU HAVE CHECKED "ACADEMIC OTHER" IN Q. 1, INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD.

SECTION IX

## GEOGRAPHIC AREA KNOWLEDGE


1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, SAILBOATS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
N 7						

3. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

## SECTION X

## TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.H.)	2. SHORTHAND (W.P.H.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
30	NA	CHEGG	SPEEDWRITING	STENOGRAPH	OTHER (Specify):
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeo-graph, Card Punch, etc.)					
<div style="text-align: center;">  </div>					

## SECTION XI

### SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

<p>1. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK</p> <p>NA</p>	
<p>2. EXCLUDING EQUIPMENT NOTED IN SECTION 1, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHOTGRAGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.</p> <p>NA</p>	
<p>3. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.</p> <p>NA</p>	
<p>4. FIRST LICENSE OR CERTIFICATE (Year of issue)</p> <p>NA</p>	<p>5. LATEST LICENSE OR CERTIFICATE (Year of issue)</p> <p>NA</p>

**SECRET**

SECRET

(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
APR-1952-JUNE-1954	4	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	FILE CLERK	
6. DESCRIPTION OF DUTIES		
WORKED IN FILES DOING FILING AND OTHER RELATED DUTIES. WORKED IN CONSOLIDATION WITH 201's		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
JULY 54-JUNE 56	5	FE/6 OVERSEAS
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	ADJUTANT INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, WHICH INCLUDED ALL AGENT FILES.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
AUG 56-NOV 56	7	RI ADJUTANT TDY OVERSEAS FOR FE/6
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
5	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
RETIREMENT OF RECORDS TO Hqs FROM BASE. SET UP <sup>NEW</sup> SYSTEM OF RECORDS FOR BASE		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
DEC 56-JAN 57	7	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
WORKED IN RI/AN 201 SECTION IN FILLING OUT 831's		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
FEB 57-AUG 57	7	RI TDY
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
SET UP SYSTEM OF RECORDS FOR STATION		

(Use additional pages if required)

SECRET

SECRET

(When Filled In)

## SECTION XIII

## CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, partner, stepchildren, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Can't recall addresses but lived in the following places since Apr 1952 -

Corn. Ave. N.W. D.C.

Minnesota Ave. S.E. D.C.

Colonial Terrace, ~~Washington~~ Arlington, VA.

Greenbrier St, Arlington, VA.

DATE COMPLETED

10 Sept 57

SIGNATURE OF EMPLOYEE

James S. Shoads

SECRET

**SECRET**  
(When Filled In)

LANGUAGE DATA RECORD				
<b>PART I-GENERAL</b>				
1. NAME (Last-First-Middle) _____			2. DATE OF BIRTH _____	
3. LANGUAGE _____				
4. MONTH _____		5. DAY _____		6. YEAR _____
7. I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE <input checked="" type="checkbox"/>				
<b>PART II-LANGUAGE ELEMENTS</b>				
<b>SECTION A. Reading (40)</b>				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
<b>SECTION B. Writing (41)</b>				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
<b>SECTION C. Pronunciation (42)</b>				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
<b>CONTINUE ON REVERSE SIDE</b>				

## CONTINUATION OF PART II-LANGUAGE ELEMENTS

## SECTION D.

## Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

## SECTION E.

## Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II. TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

## PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

## PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-112, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT INDEPENDENT OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 Sept 57

SIGN

1463



## APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WHITEHALL examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an OPEN WHITEHALL examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only				
APPLICATION NO.	Accountant	<input type="checkbox"/> AFFOR.		<input type="checkbox"/> MATERIAL	<input type="checkbox"/> ENTERED REGISTER	
	OPTIONAL (if mentioned in examination announcement)	<input type="checkbox"/> NON AFFOR.		<input type="checkbox"/> SUBMITTED	<input type="checkbox"/> RETURNED	
	PLACE OF EXAMINATION, APPLICANT (City and State)	DATE OF THIS APPLICATION		INITIALS AND DATE		
	Washington D.C.					
ANNOUNCEMENT	LEGAL OR VOTING RESIDENCE (State)	EX. OFFICE PHONE	HOME PHONE		APPROVED:	
	N. Dak.	ex 6400	AD 8430			
	DATE OF BIRTH (month, day, year)	MARRIED <input type="checkbox"/>		SINGLE <input checked="" type="checkbox"/>		
		3. Name (city and country)				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. FEET 6. INCHES		156 POUNDS		
14. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE						
GS-2						
15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 2950 PER YEAR						
You will not be considered for any position with a lower entrance salary.						
(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR						
<input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS						
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.						
(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY						
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY						
16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, including clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.						
(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used.						
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."						
PRESENT POSITION						
DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR PRESENT POSITION		CLASSIFICATION GRADE (if in Federal Service)		SALARY OR EARNINGS
FROM May, 1950 TO PRESENT TIME		clerk		GS-2		STARTING \$ 2450 PER YEAR
PLACE OF EMPLOYMENT (city and State)		Washington D.C.		NAME AND TITLE OF IMMEDIATE SUPERVISOR		PRESENT \$ 2850 PER YEAR
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		Treasury Dept., Penn. Ave.		NAME AND ADDRESS OF ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of locks, etc.)		
NUMBER AND KIND OF EMPLOYERS SUPERVISED BY YOU		Division of Disbursements		REASON FOR DESIRING TO CHANGE EMPLOYMENT		
SUMMARY OF YOUR WORK		Better Position				
Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.						

(CONTINUED ON NEXT PAGE)

16-53548-1

1A CONTINUED

② DATES OF EMPLOYMENT (month, year)		FACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (If in Federal service)	SALARY OR EARNINGS STARTING \$ 180 PER MONTH	
FROM Feb. 1950 TO May, 1950		Clerk & Salesman				
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR				
Grand Forks, N. Dak.						
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of locks, etc.)				
General Tobacco & Candy Company Grand Forks, N. Dak.		Wholesaler of Tobacco & Candy				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING				
None		To work for the Government				

### DESCRIPTION OF YOUR WORK

Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets.

③ DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ FINAL \$	PER PER
From Oct., 1949 to Feb., 1950	In school			
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of tanks, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING			

### DESCRIPTION OF YOUR WORK

④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal Government)	SALARY OR EARNINGS, PER MONTH
FROM April, 1949 TO Oct., 1949		Farm Laborer		\$ 150
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Inkster, N. Dak.				
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NATURE OF BUSINESS OR ORGANIZATION (if a wholesale club, insurance agency, manufacture of locks, etc.)		
		Farming		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
None		To go to school.		

DESCRIPTION OF YOUR WORK

Doing general farm duties.



24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).			
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION	
		Teacher	
		Teacher	
		Teacher	
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?		X	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?			X
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DEPRIVE PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?			X
If your answer to question 27, 28, or 29 above is "Yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			X
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO FORFEIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, LOCAL, STATE, OR FEDERAL, OR FOR VIOLATION OF WHICH A FINE OR FORTIFITURE OF \$25 OR LESS WAS IMPOSED?			X
If your answer is "Yes," list all such cases under Item 31 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			X
31. HAVE YOU EVER BEEN DISBARRED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?			X
If your answer is "Yes," give in Item 32 the name and address of employer, date, and reason in each case.			X
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING A FURTHER JOB OR ACCEPTING OTHER EMPLOYMENT?			X
If your answer is "Yes," give dates of and reasons for each disbarment in Item 33.			X
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?			X
If your answer is "Yes," give complete details in Item 34 so that consideration can be given to your physical fitness for the job.			X
34. (a) DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?			X
If your answer is "Yes," give complete details in Item 35.			X
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?			X
If your answer is "Yes," give details in Item 36.			X
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS?			X
If your answer is "Yes," show in Item 37 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.			X
SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE			
A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein.			
B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.			
37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?		YES	NO
		X	
(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?			X
(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?			X
DATE OF ENTRY ON ENTRIES INTO SERVICE		DATE OF SEPARATION OR SEPARATIONS	
Oct 1946		April 1948	
Branch: Marine Corps, Coast Guard, etc.		Grade: (If none, give grade or rating at time of separation)	
Army		ER 17 214 704	
38. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		YES	NO
			X
(b) ARE YOU A DISABLED VETERAN?			X
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.			X
(c) ARE YOU A VETERAN'S WIDOW (WHO) HAS NOT REMARRIED?			X
(d) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY AND WHOSE ALIEN'S HOME COUNTRY HAS AN APPOINTMENT?			X
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY			
The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____ 19____.			
Agent: _____ Title: _____			
39. (a) FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)			
(b) _____			
(c) _____			
(d) _____			
(e) _____			
(f) _____			
(g) _____			
(h) _____			
(i) _____			
(j) _____			
(k) _____			
(l) _____			
(m) _____			
(n) _____			
(o) _____			
(p) _____			
(q) _____			
(r) _____			
(s) _____			
(t) _____			
(u) _____			
(v) _____			
(w) _____			
(x) _____			
(y) _____			
(z) _____			
If your answer requires more space than shown above, write on each sheet your name, address, date of birth, and examination title. Attach to end of this application.			
Before signing this application check back over it to make sure that you have answered ALL questions correctly.			
I CERTIFY that the statements made by me in this application are true and belief, and are made in good faith.			
False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80)		SIGNATURE OF APPLICANT	
		_____	

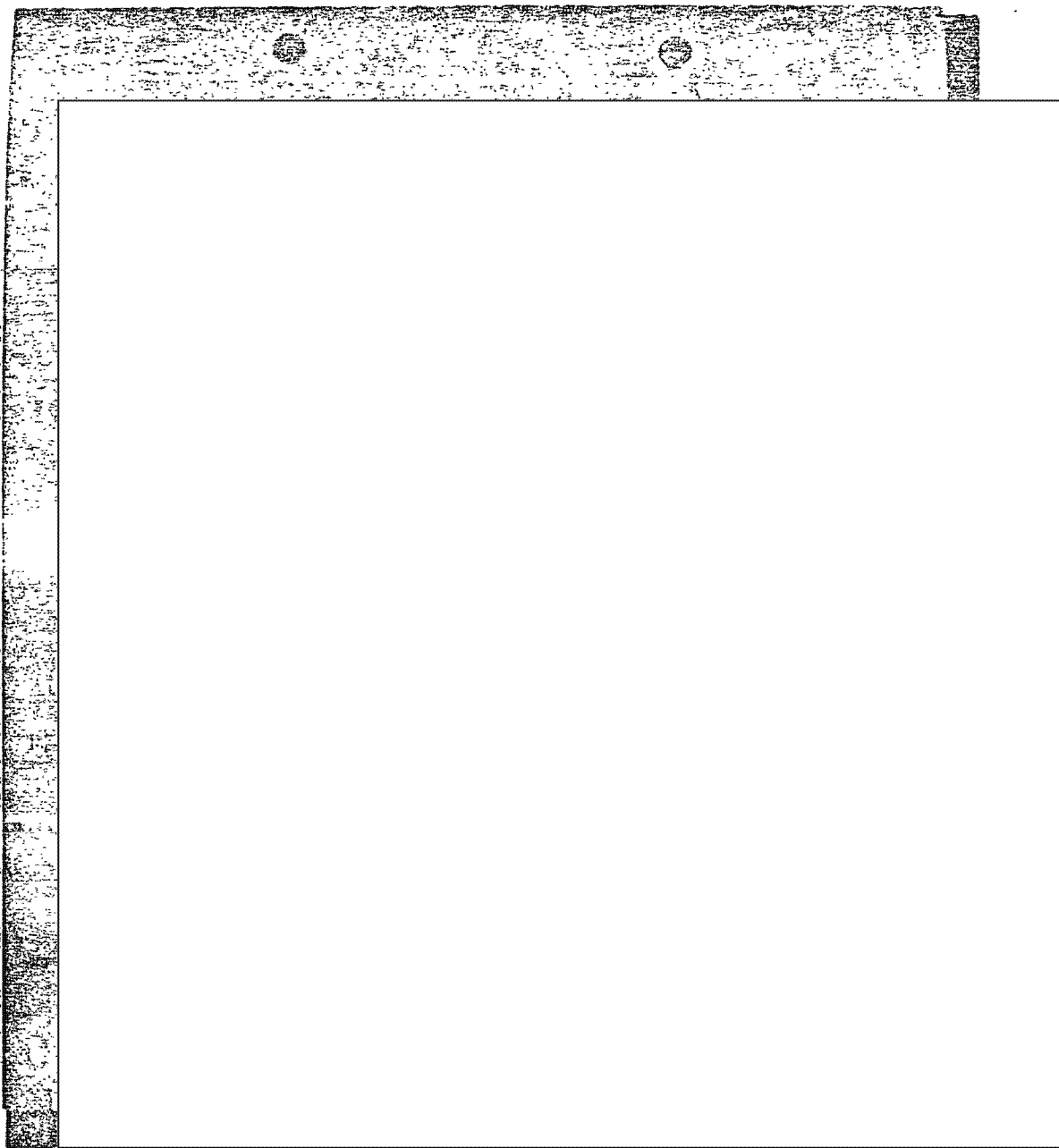
## PERSONAL HISTORY STATEMENT

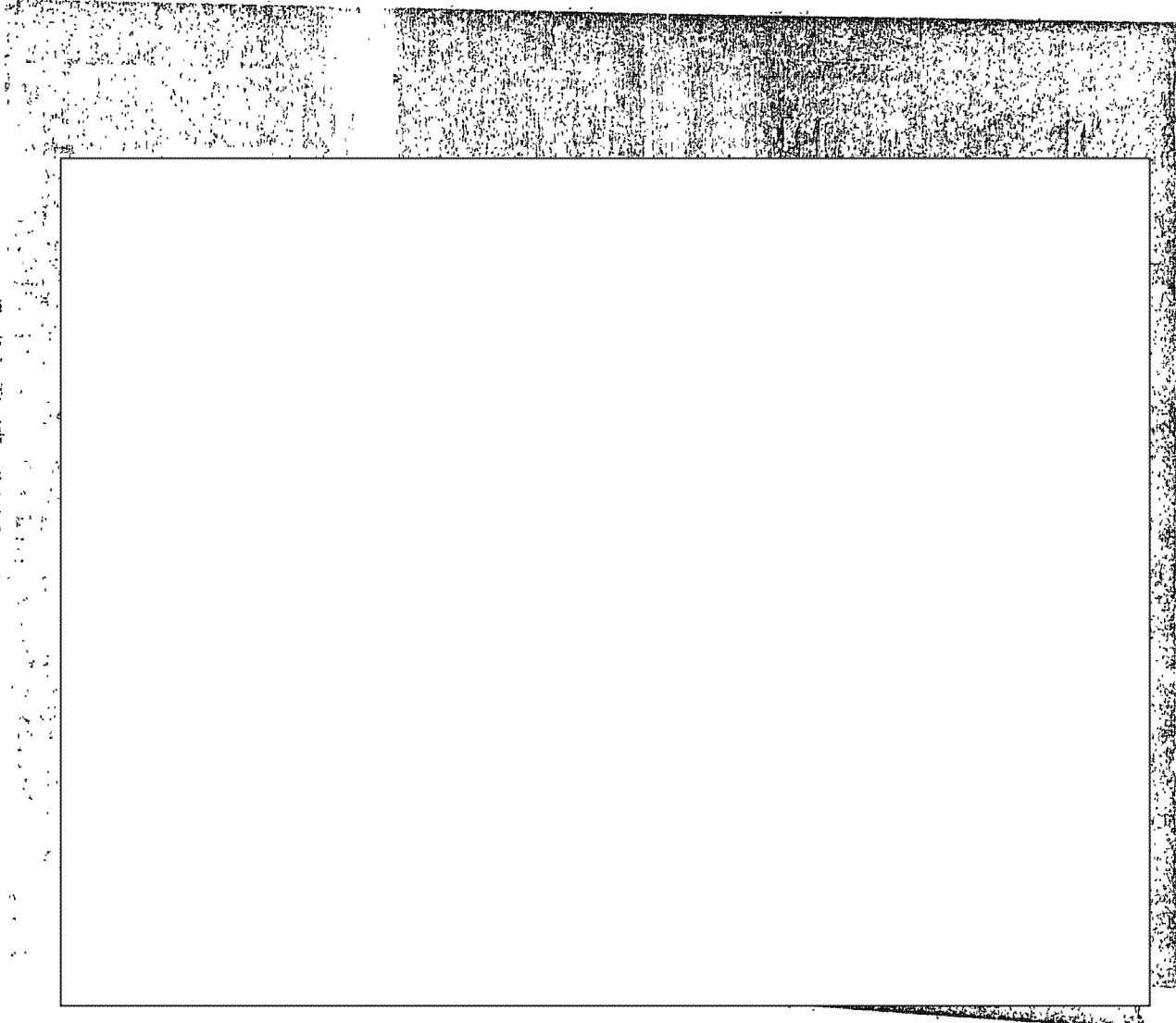
1008

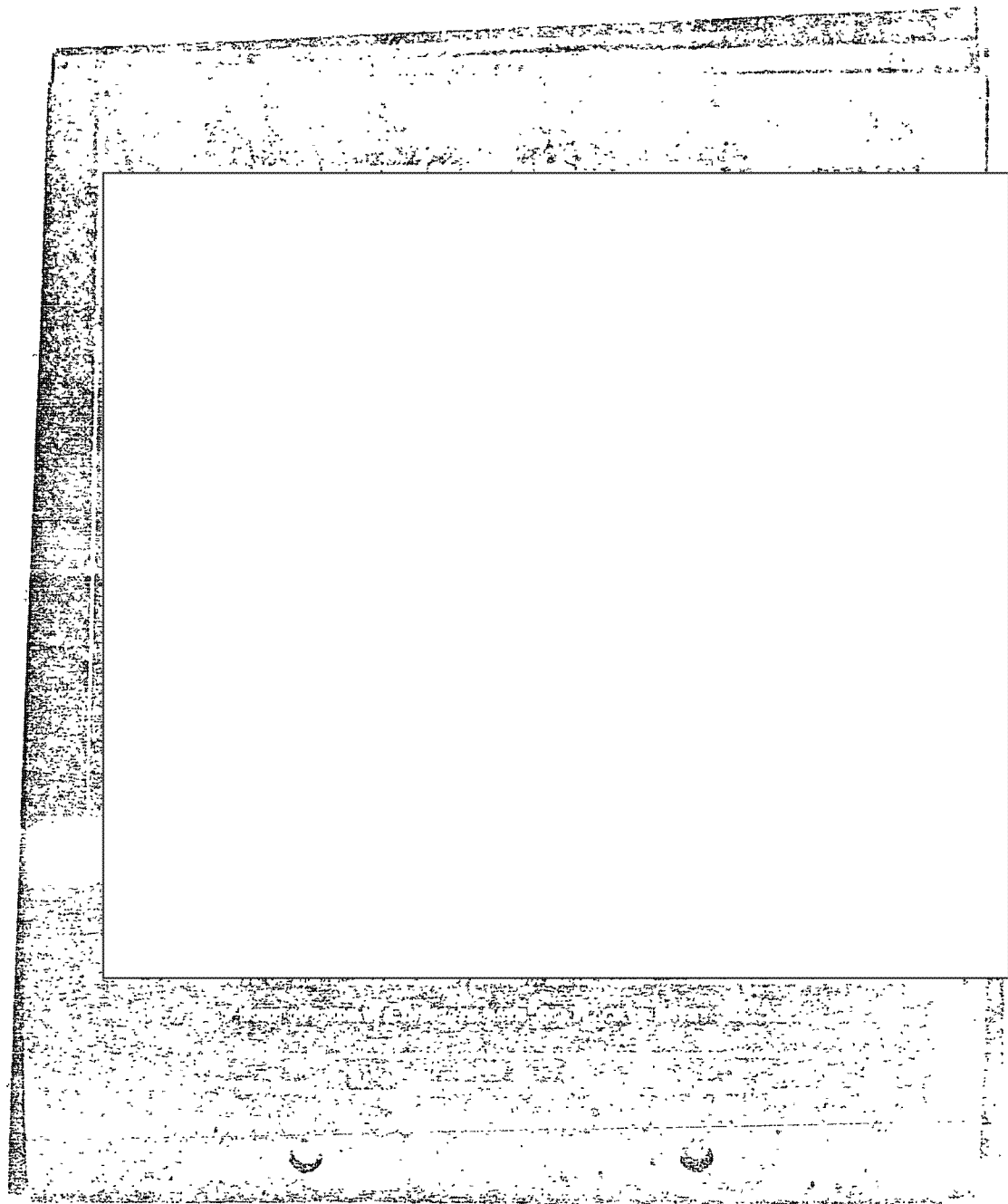
Answer all questions completely. If you are unable to give an answer, write "unknown" only if you do not know the answer and cannot obtain the answer from anyone. Use the blank pages at the end of this form to enter details on any questions or questions for which you do not have sufficient space.

Type, print, or write answers. English or acceptable form with and read. Read.

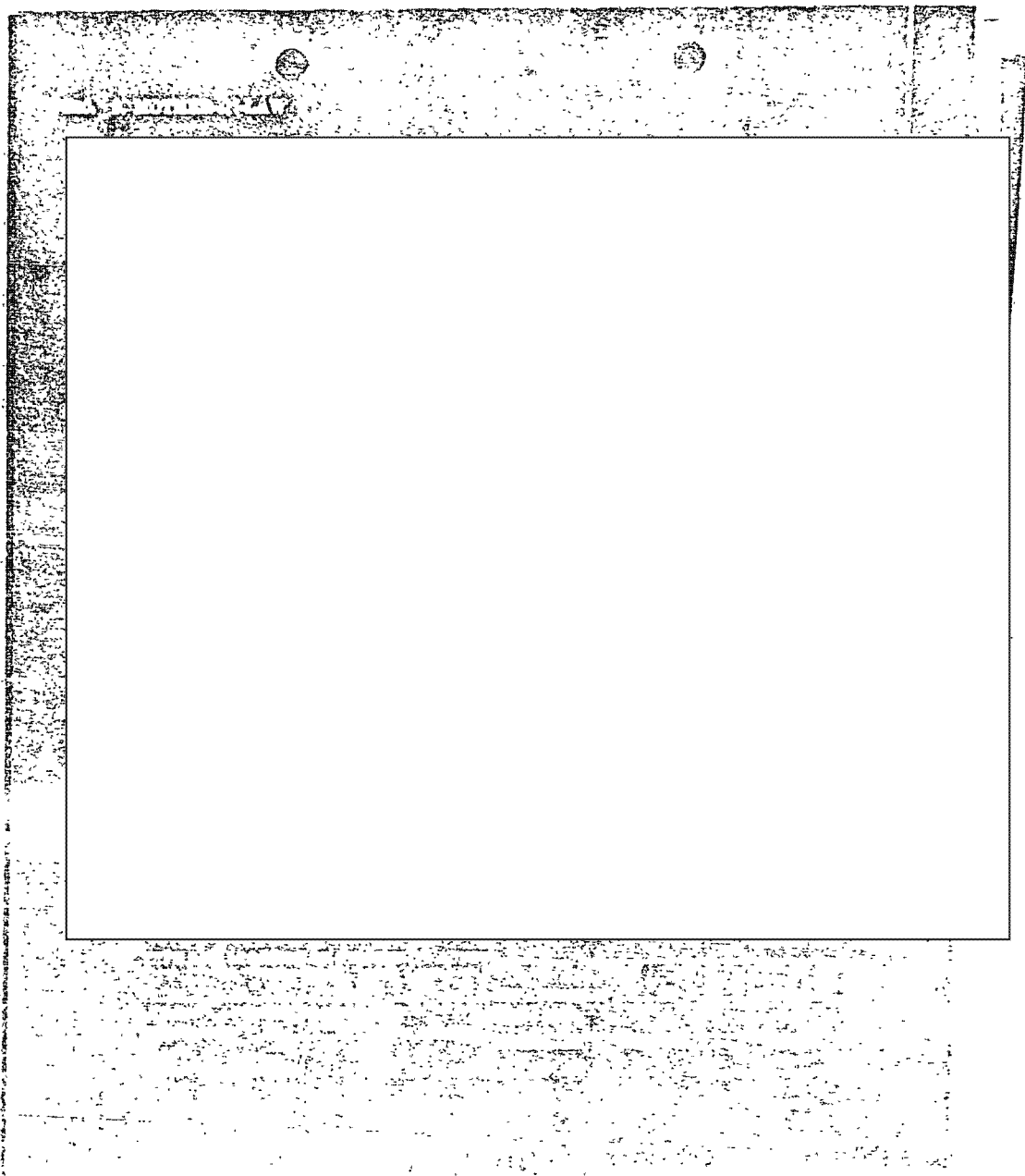
HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

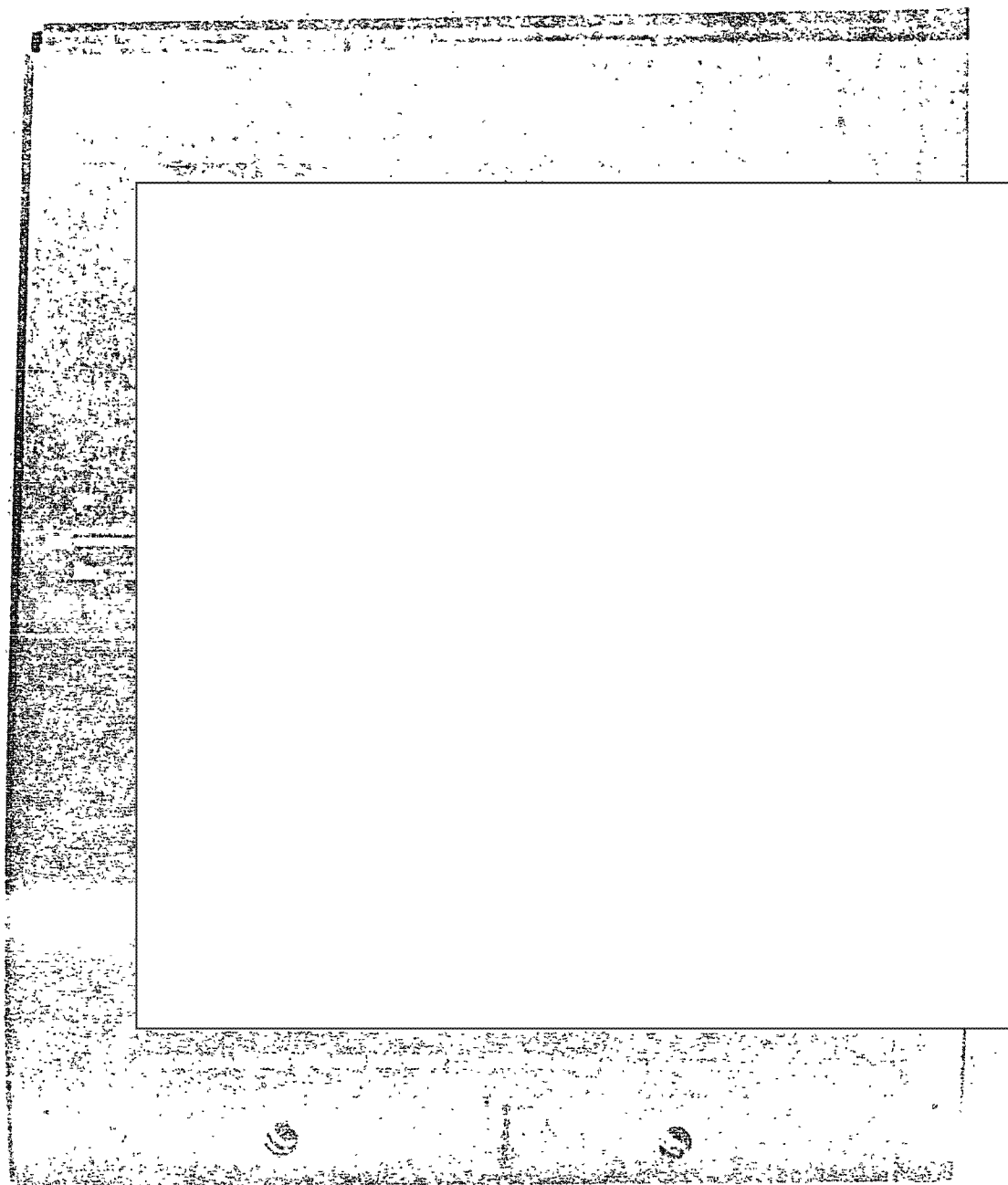


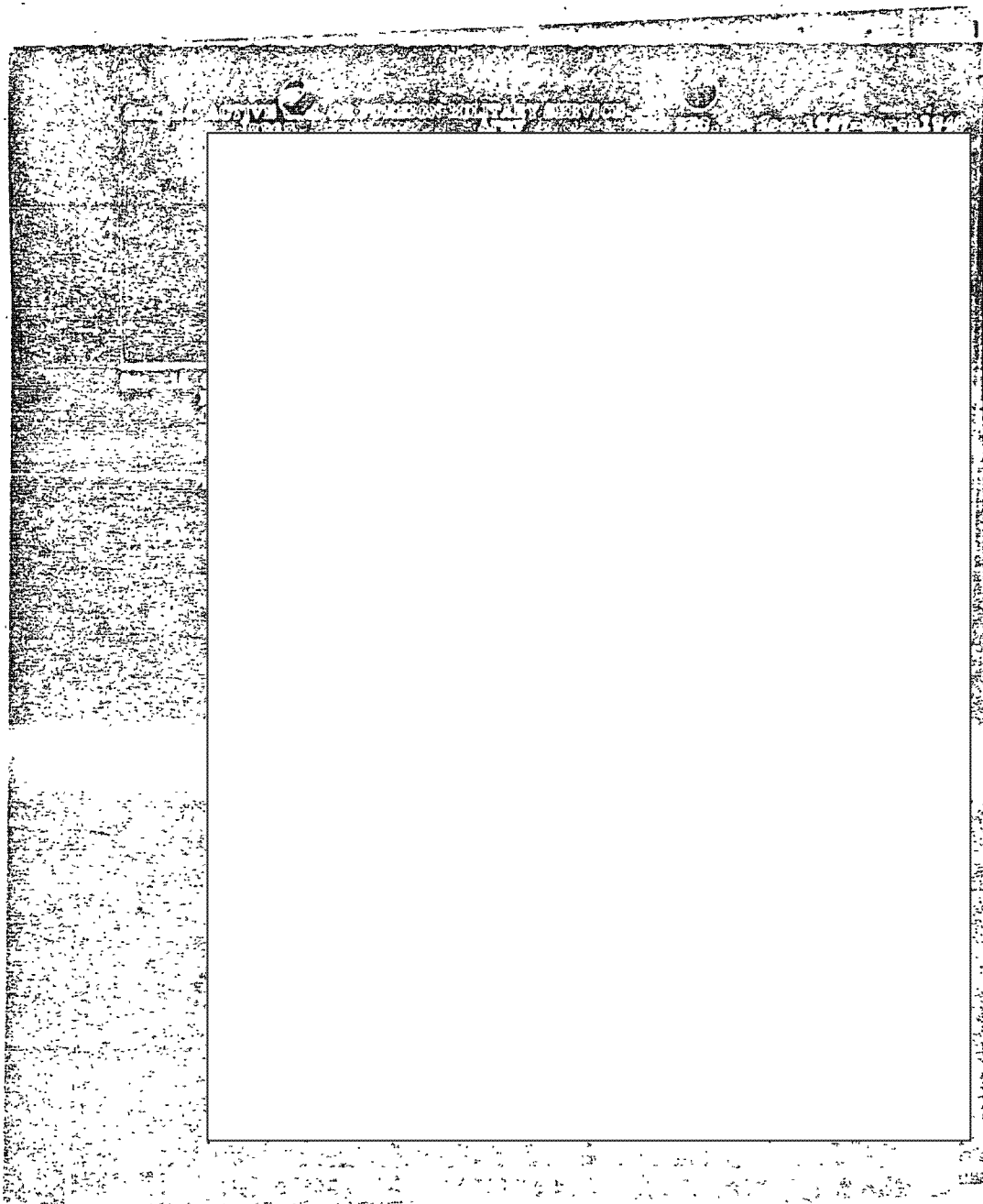


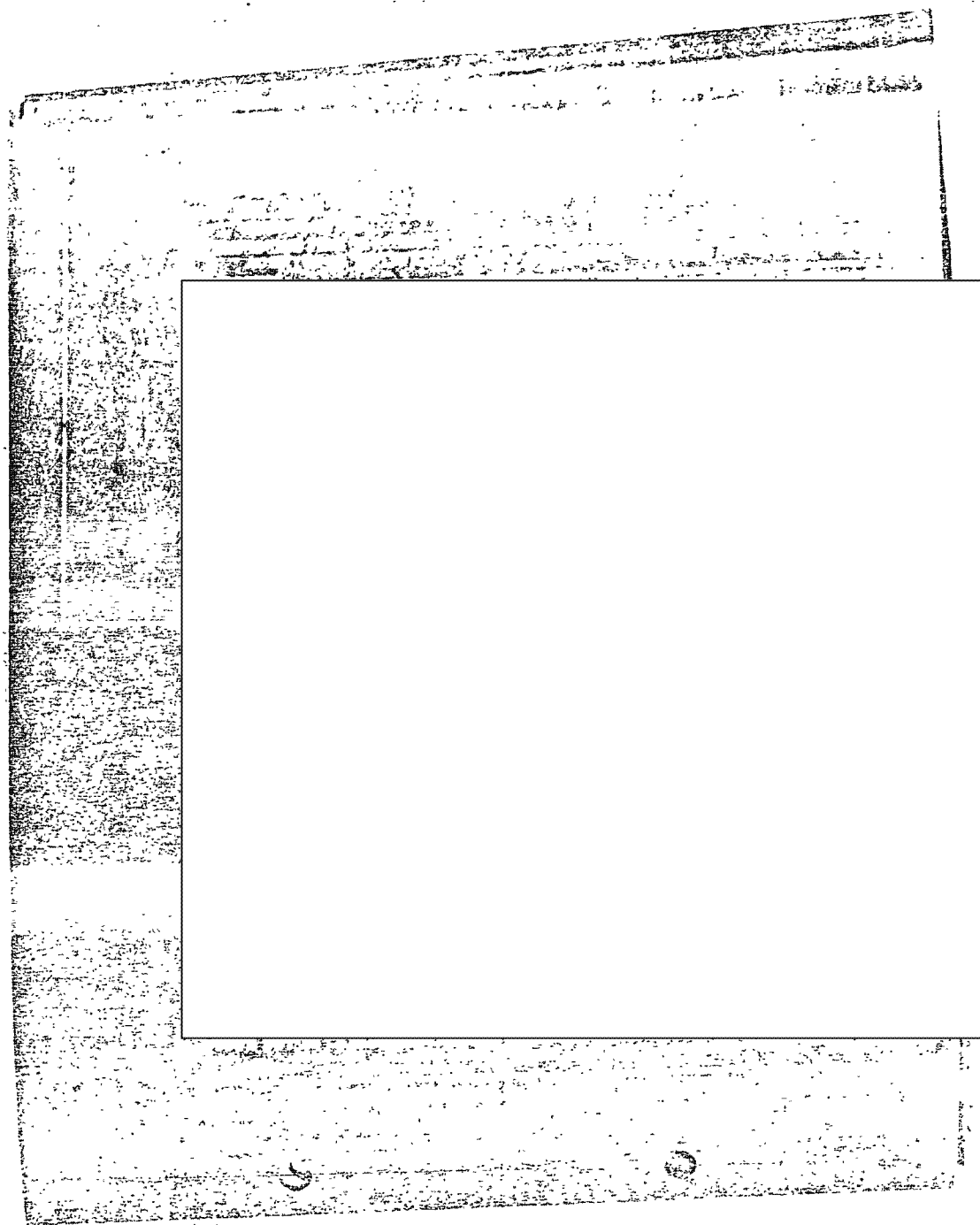


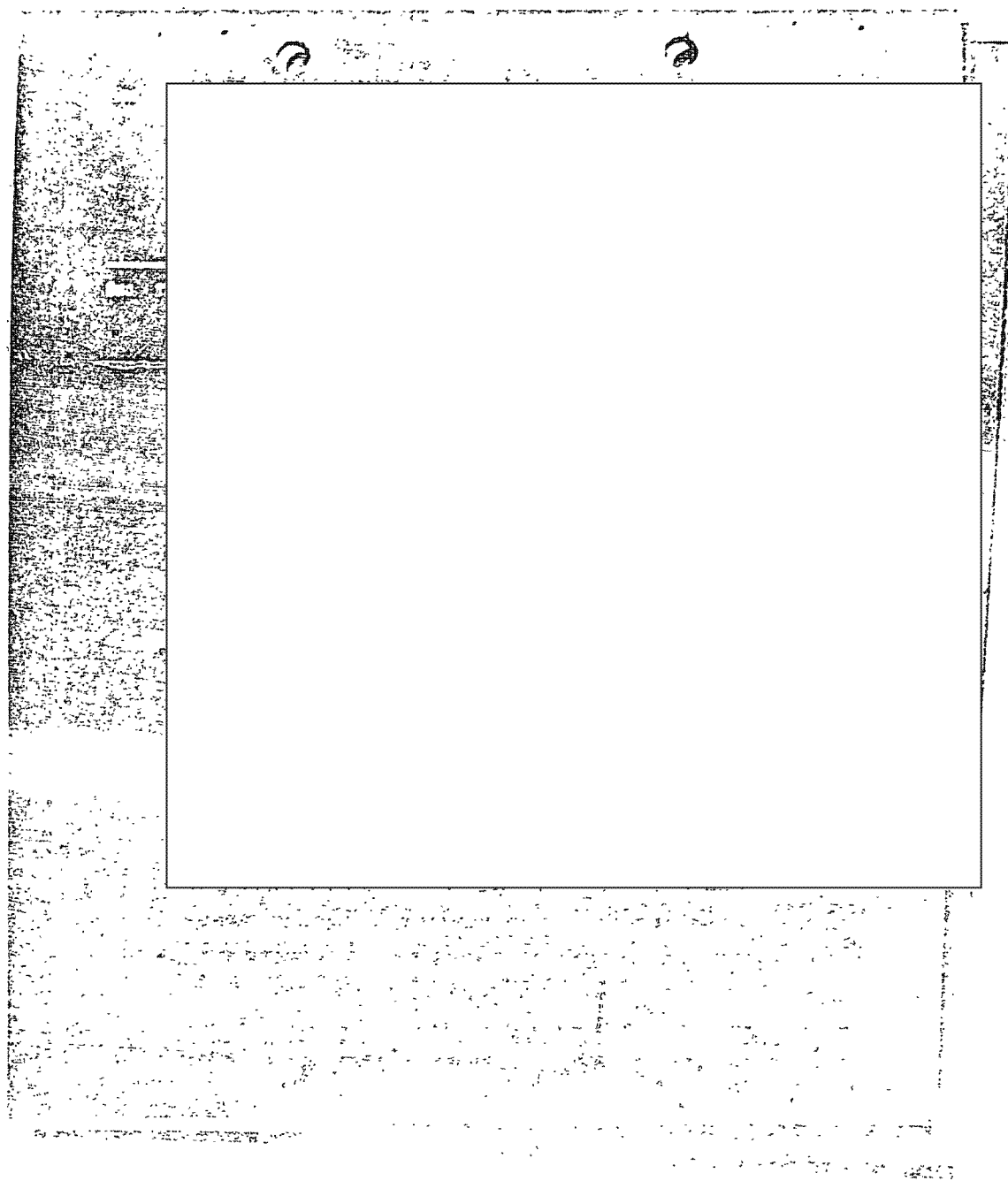


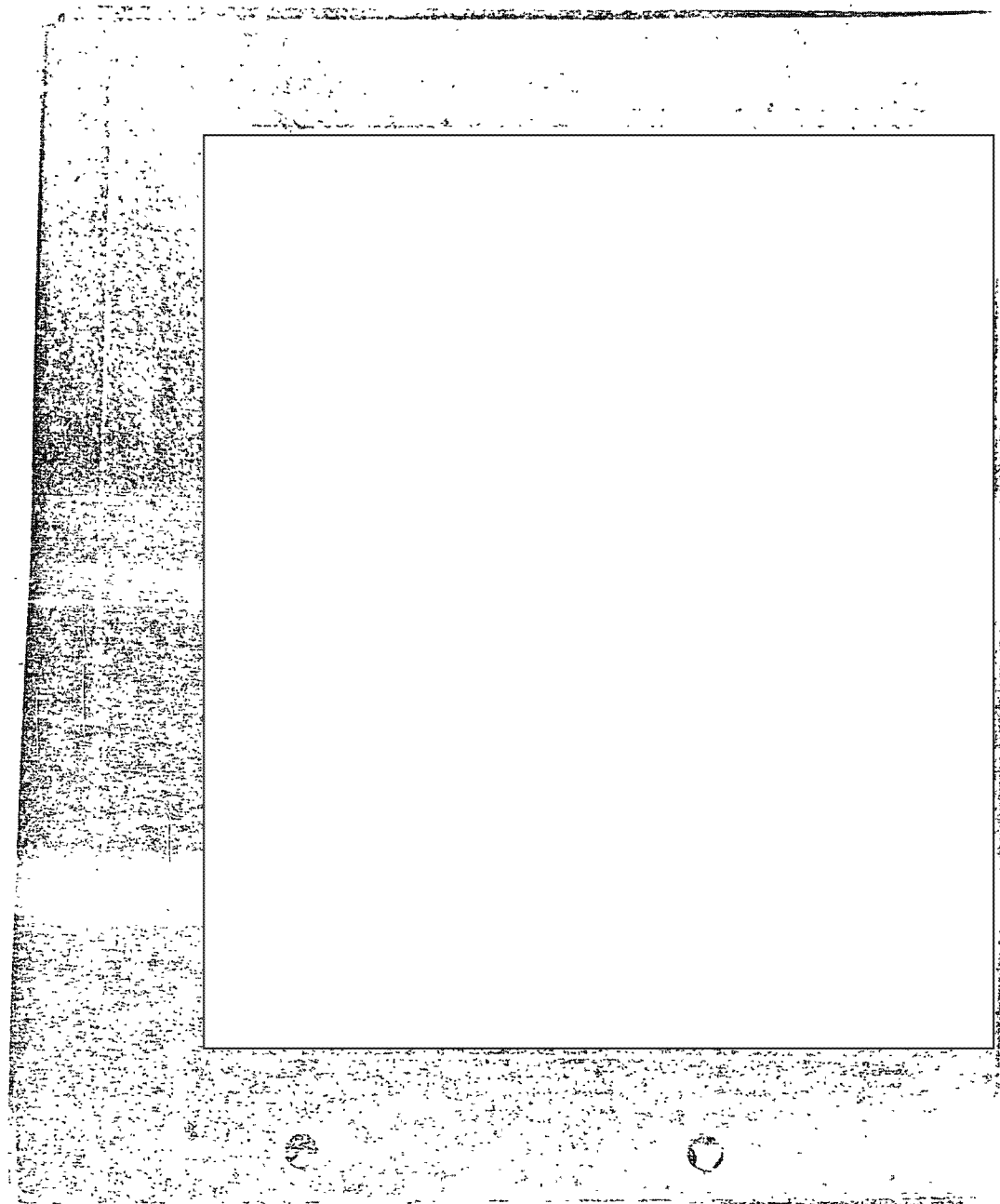


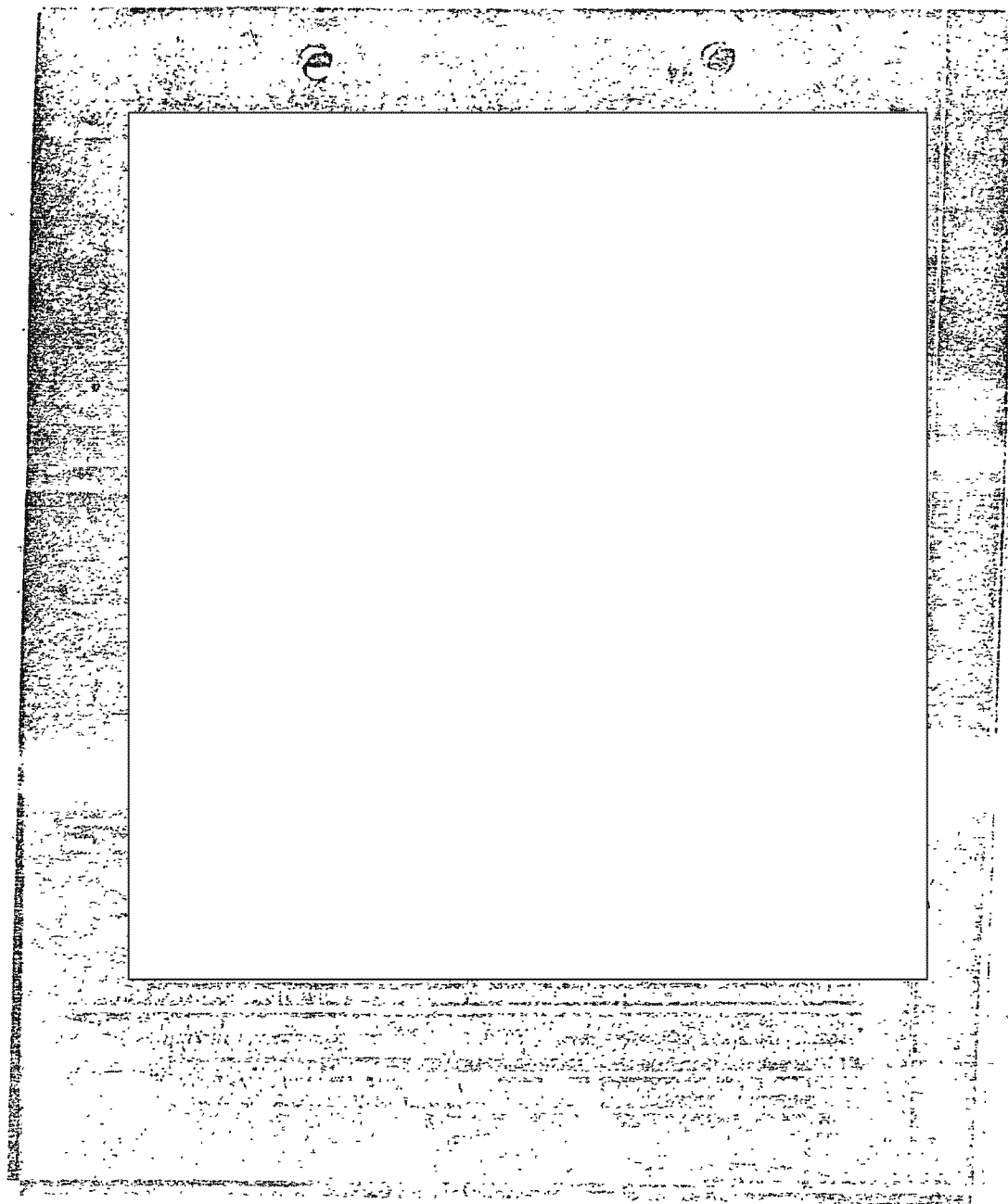


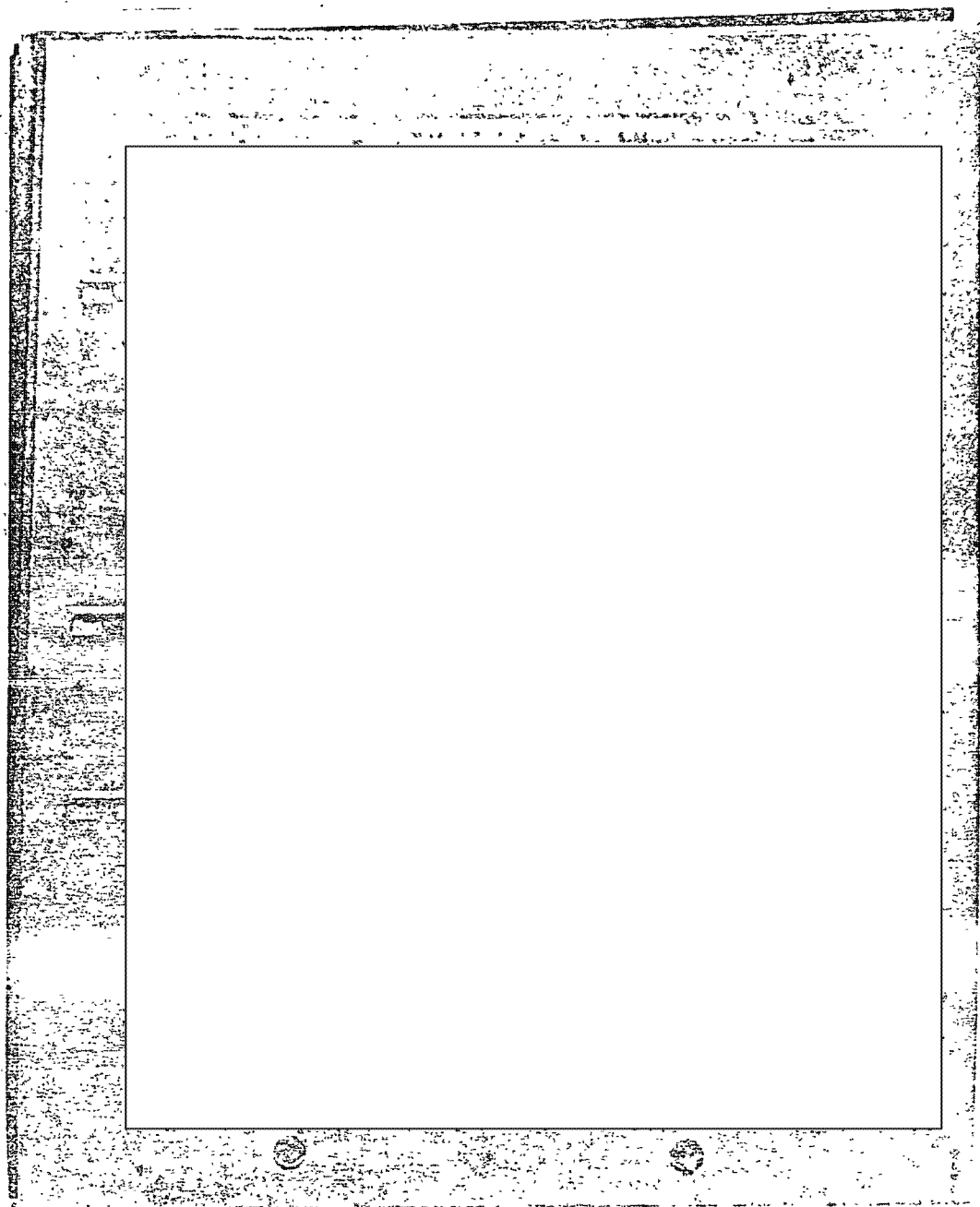




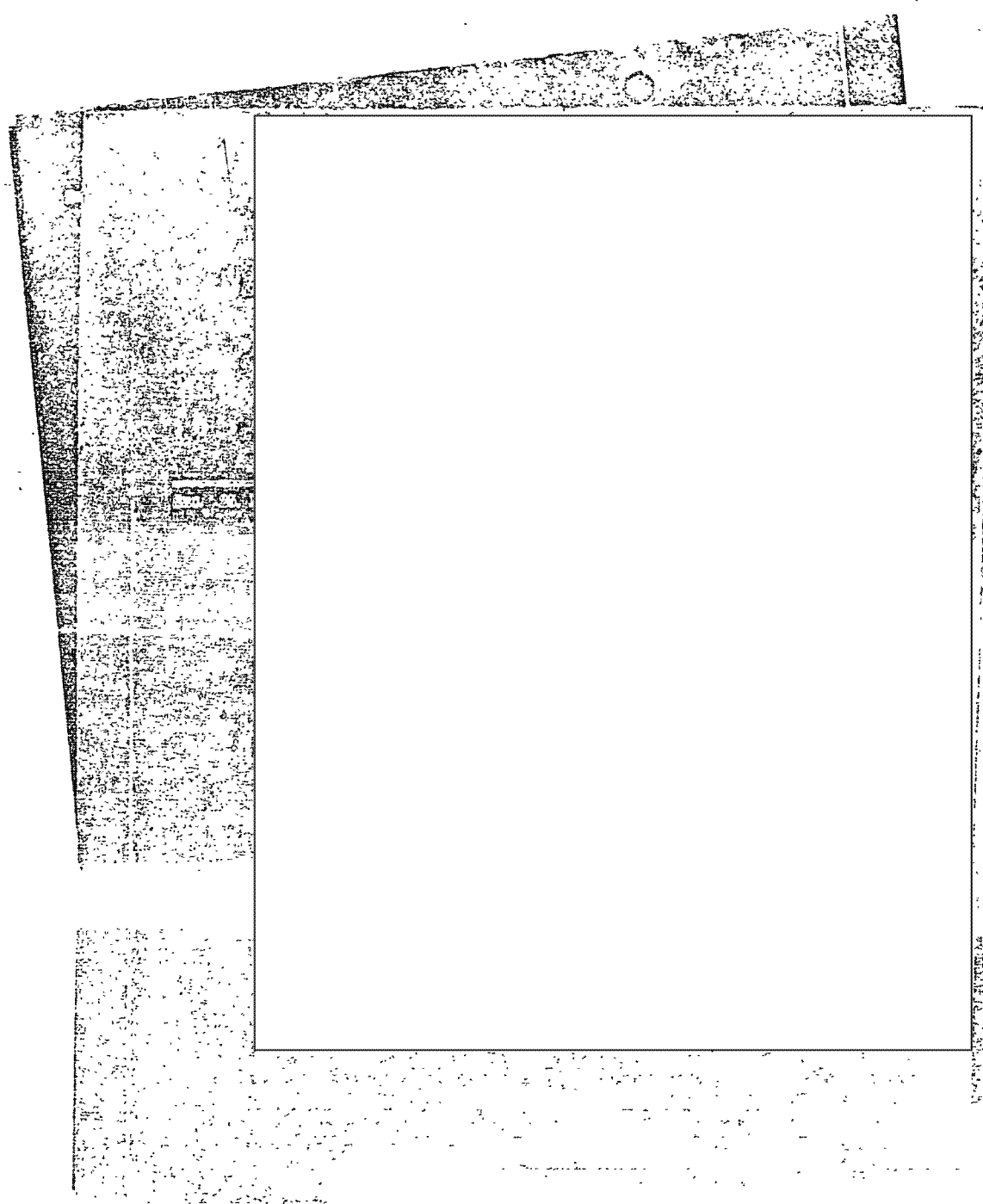


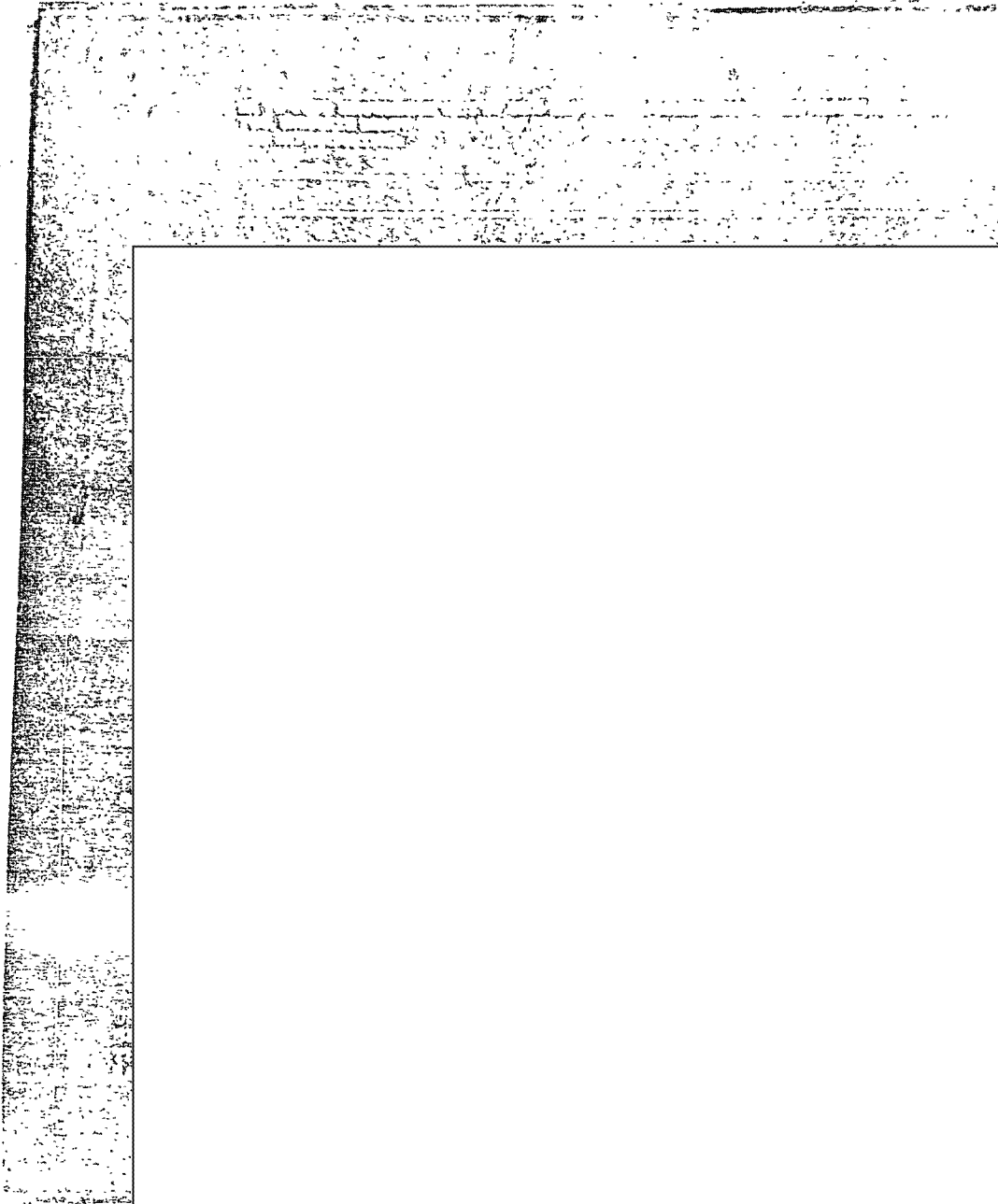


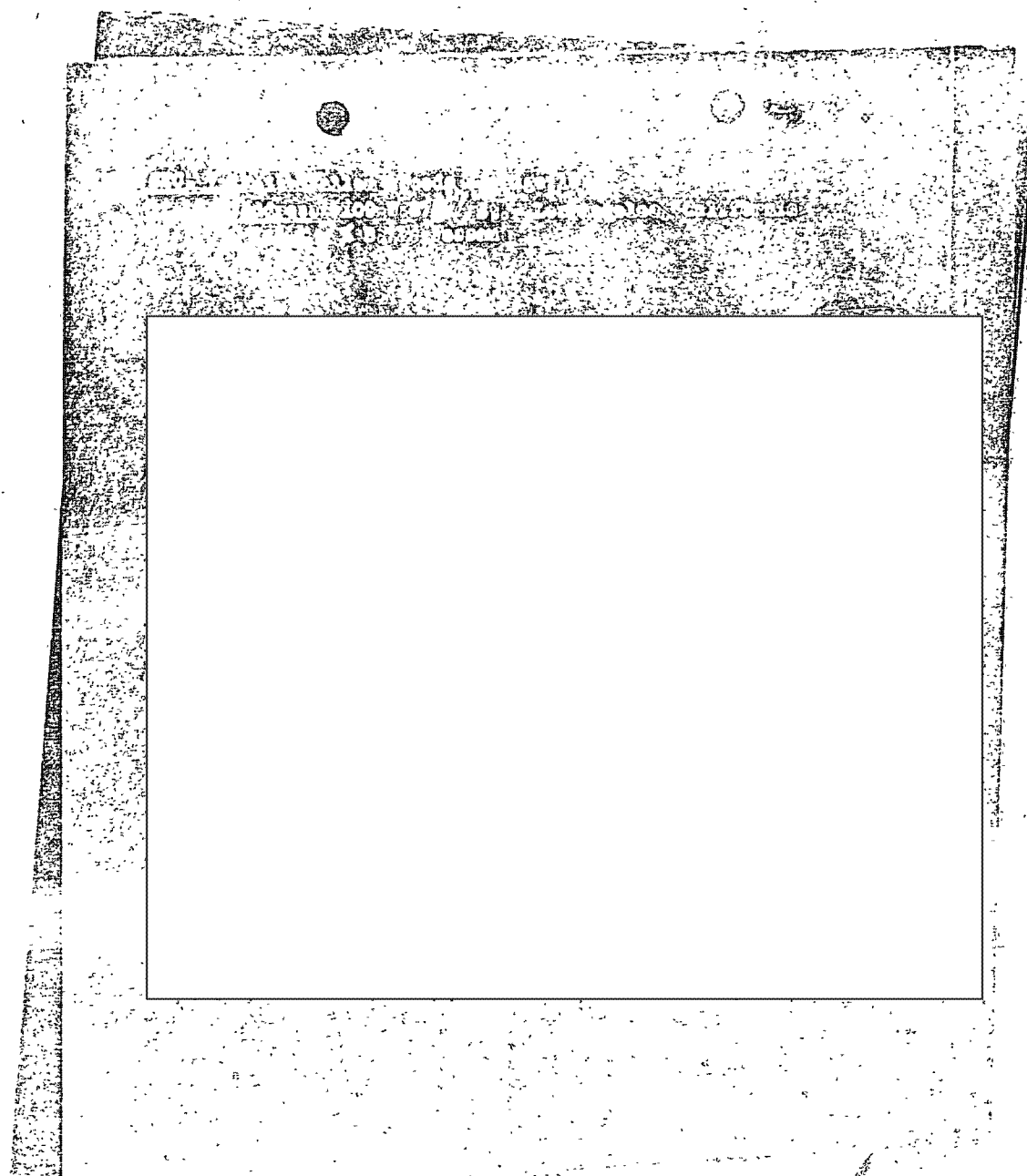












# Aaker's School of Business

Grand Forks, North Dakota

## REPORT OF PROGRESS

NAME

ADDRESS

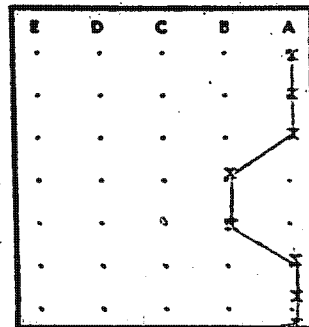
COURSE OF STUDY Accountancy

DATE December 14, 1951

### SCHOLASTIC ACHIEVEMENT

#### SUBJECTS COMPLETED:

Elementary Accounting  
Advanced Accounting  
Income Tax  
Cost Accounting (Elem.)  
Typewriting  
Spelling  
Business Mathematics  
Business Law  
Penmanship  
Salesmanship  
Business English  
Office Machines



#### KEY

A Superior  
 B Above Average  
 C Average  
 D Fair  
 E Slow

#### COMPLETED SUBJECTS

### PERSONAL CHARACTERISTICS

#### INITIATIVE

#### QUALITY OF WORK

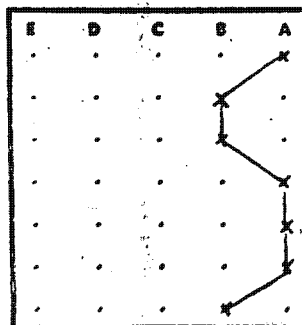
#### QUANTITY OF WORK

#### ENTHUSIASM

#### PUNCTUALITY

#### COOPERATION

#### ADAPTABILITY



#### E

Needs Supervision

Careless

Very Low Output

Indifferent

Undependable

Reluctant

Limited

#### D

Routine Worker

Inaccurate

Low Output

Occasionally  
Enthusiastic

Improvement  
Needed

Passive

Slow

#### KEY

#### C

Fairly Progressive

Passable

Average Output

Average

Occasionally Ab-  
sent or Late

Usually Agreeable

Average

#### B

Resourceful

Good Quality

High Output

Determined

Seldom Late

Co-operating

#### A

Marked Ability

Highest Quality

Very High Output

Confident

Always Punctual

Co-operative

Manager

Please keep this report for future comparison

CONFIDENTIAL  
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division

Your Reference: H-3007A

FROM: Chief, Security Division

Case Number: 61115

SUBJECT:

1. This is to advise you of security action in the subject case as indicated below:

☒ Security approval is granted the subject person for access to classified information.

☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.

☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the ECD procedures.



*Handwritten notes:*  
 1/2: will call back:  
 1/2: called 1/2:  
 OK:  
 [Signature]

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 29 Feb. 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT:

Request No. H-3007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., Washington, D. C.
2. This is to advise you of the following security action:

a. ☐ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☒ Name checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

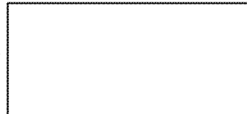
c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Carlin  
per S. Linder  
5 min.*



CONFIDENTIAL

CONFIDENTIAL  
SECURITY  
INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT:  Request No. H-3007

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: **D Street Pool.**

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

FILE SENT  
TO N B I

RECEIVED 13



CONFIDENTIAL

14-00000

OAF OF TERMINATED FILE BEING MICROFILMED